## 118000090415

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(Ad	dress)	•
(Ad	ddress)	
(Cit	ty/State/Zip/Phone	∋ #)
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HAY 15 20.79 J. HARRIS

## **COVER LETTER**

то:	Registration Sec Division of Corp			
CHD IE		UL COLLECTION LLC		
SOBJEC	CT:		nited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspoi	ndence concerning this matter	to the following:	
		ALTAGRACE LOUIS		
			Name of Person	<del></del>
		THE MOGUL COLLECT	TION LLC	
			Firm/Company	
		410 NE 39TH STREET		
			Address	- 1, - 1, - 1, - 1, - 1, - 1, - 1, - 1,
		POMPANO BEACH, FL	33064	
		<u> </u>	City/State and Zip Code	
		THEMOGULCOLLECTIC	•	
			to be used for future annual report not	fication)
For furth	er information co	oncerning this matter, please c	all:	
ALTAG	RACE LOUIS		561 9296537	
	Name of	Person	Area Code Daytim	ne Telephone Number
Enclosed	l is a check for the	e following amount:		
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE MOGUL COLLECTION LI	LC .			
(Name of the Lin	ited Liability Co (A Florida Limi	mpany as it now appears on ted Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company were filed or Florida document number <a href="https://limited.com/limited/liability/">L18000090415</a> .			2018	_ and assigned
This amendment is submitted to amend the fo	lowing:			
A. If amending name, enter the new name	of the limited l	iability company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited L	iability Company," the design	ation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>		
			54	8.3 8.3
Enter new mailing address, if applicable:		N/A	E AH	
(Mailing address MAY BE A POST OFFICE BOX)			HSS NA	
			<u></u>	
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered	l office address on our here:	r records, enter Ah	e frame of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida si	reet address	
			, Florida	
		Citv		Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	ALTAGRACE LOUIS	410 NE 39TH STREET	<b>■</b> Add
		POMPANO BEACH, FL 33064	☐ Remove
			□ Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
		<del></del>	□ Change
			Remove
			□ Change
			Concerning
			ARCHARACTER CHARACTER CONTRACTOR
			Change Add Remove
			Remove
			□ Change

D. Il'am	ending any other information	, enter change(s) here: (Attach	additional sheets, if necess	ary.)	
	,				
				· · · · · · · · · · · · · · · · · · ·	
			<del></del>		
				<del></del>	
(If an ei <u>Note:</u> docum	If the date inserted in this block on the Depart	pecific and cannot be prior to date of fili loes not meet the applicable statutor ment of State's records.	ry filing requirements, this d	ing.) Pursuant to 605.02 ate will not be listed	as the
	cord specifies a delayed eff e 90th day after the record	ective date, but not an effectis filed.	tive time, at 12:01 a.n	n. on the earlier	of:
Dated	MAY 10	, 2018			
	Magraa g	ature of a member or authorized represe	entative of a member		methol.
	ALTAGRACE LOUIS			ASA SA	E F
		Typed or printed name of sign	gnee	SEE FLO	meny 9 p
		Page 3 of 3			i profit

Filing Fee: \$25.00