L18000104155

(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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COVER LETTER

TO:	Registration S Division of Co			•
CA III T		SHAPEWEAR USA, LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
		APRIL L ALONSO		
			Name of Person	
		FIGUR8 SHAPEWEAR	USA, LLC.	
			Firm/Company	
		1721 SE 17TH STREET	• •	
			Address	
		FORT LAUDERDALE, F	L 33316	
		HELLO@FIGURE8SHAF	City/State and Zip Code PEWEAR/.COM	.
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information	concerning this matter, please ca	all:	
APRI	L L ALONSO		954 914-5312	
	Name	of Person	at () Area Code Daytime	: Telephone Number
Enclos	sed is a check for	the following amount:		
\$ \$2	25.00 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

FIGUR8 SHAPEWEAR USA, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L18000104155	were filed on 04/25/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5940 SE 37TH AVENUE
(Principal office address MUST BE A STREET ADDRESS)	OCALA, FL 34480
Enter new mailing address, if applicable:	5940 SE 37TH AVENUE
(Mailing address MAY BE A POST OFFICE BOX)	OCALA, FL 34480
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: CARRIE COM-	E. 2. 39

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

New Registered Office Address:

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.

5940 SE 37TH AVENUE

City

OCALA

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	<u>Name</u>	Address	Type of Action
PRES	APRIL L ALONSO	1721 SE 17TH STREET, #728 FT LAUDERDALE, FL33316	Add
			Remove
			Change
VP	CARRIE COMBS	5940 SE 37TH AVENUE OCALA, FL 34480	Add
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Effec	etive date, if other than the date of filing: (optional)	
lf an e	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.	.0207
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.	ed as
uocu	ment's effective date on the Department of State's records.	
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie e 90th day after the record is filed.	er of
111	e 90th day after the record is filed.	
Date	d	
	Signature of a member or authorized representative of a member	
	April L Alanso Typed or printed name of signee	
	Hacila la Monso	

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Filing Fee: \$25.00