L18000145987

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COVER LETTER

TO: Registration Section Division of Corporations	
SURJECT: DALLE PIANE CASHMERE USA LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
EDUARDO UELTS(H) Name of Person	
UELTOCHI COMPANY	
32 S OSPREY #101 Address	
SARASOTA, FL 34236 City/State and Zip Code	
RAQUELTSCHI CO E-mail address: (to be used for future annual report notification).	
For further information concerning this matter, please call:	
FDUARDO UFLTSCHI at (941) 549 8549 Name of Person Area Coxle Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \&\Certificate of Status \$\Bigcup \$55.00 Filing Fee \&\Certificate Copy &\Certificate Copy &\Certific	of Status &

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

DALLE PIANE CASH (Name of the Limited Liability Company) (A Florida Limited Liability)		USA ppears on o any)	LLC our records.)		
The Articles of Organization for this Limited Liability Company we Florida document number <u>119000145987</u> .	vere filed o	n <u>() (</u>	13/18	and assigne	:d
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabili	ity compar	ı <u>y here</u> :			
The new name must be distinguishable and contain the words "Limited Liability	y Company,"	the designa	tion "LLC" or th	ne abbreviation "L.L.C."	
Enter new principal offices address, if applicable:					SI S
(Principal office address MUST BE A STREET ADDRESS)				Ju	SCR CR
					무료
Enter new mailing address, if applicable:				A1	CREON
(Mailing address MAY BE A POST OFFICE BOX)			··· <u>-</u> ·	57	ATE
B. If amending the registered agent and/or registered office address here:		s on our	records, en	ter the name of t	he new
Name of New Registered Agent:					
New Registered Office Address:					
	Ente	r Florida sti	reet address		
			Florida		
New Registered Agent's Signature, if changing Registered Agent:	City			Zip Code	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p	erformano	e of my d	luties, and I a	ım familiar with an	nd
accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a					it is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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
<u>MGR</u>	MILENA SPASOJEVIC	253 NE 2ND ST, # 222	jx (∧dd
		MIAMI, FL 33132	□ Remove
			Change
			D Add
		-	Remove
			Change
			□ Remove
			Change
			□ Λđd
			Remove
			Change
			□ Remove
			Change
			
			Remove
			Change

E. Effective date, if other than the date of filing:		
(If an 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 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	18 JUL 16 AM 10: 56	SECRETARY OF STATE DIVISION OF CORPORATIONS
	i.0207 (ed as t	(3)(b) the
b) The 90th day after the record is filed. Dated $\frac{JULV}{(1)} = \frac{10^{+h}}{(1)^{-1}} = \frac{2018}{(1)^{-1}}$	er of:	:

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Filing Fee: \$25.00