Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MARCELL FELIPE, P.A.

Account Number : I20110000064 Phone : (305)381-8500 Fax Number : (305)381-6225

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAPRI USA HOLDINGS LLC

<u> </u>	Certificate of Status	0
. <u>-</u>	Certified Copy	0
-	Page Count	03
	Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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CAPRI USA HOLDINGS LLC						
(Name of the Limited Liability Compr (A Florida Limited	ny as it now appears on our records.) Liability Company)	1000				
The Articles of Organization for this Limited Liability Company Florida document number 1.20000248067	were filed on 08/13/2020	and assigned as the control of the c				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liah	ility company here:					
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or the abb	reviation "L.L.C."				
Enter new principal offices address, if applicable:	1200 Ponce de Leon Blvd., Suite 703					
(Principal office address MUST BE A STREET ADDRESS)	Coral Gables, Florida, 33134					
Enter new mailing address, if applicable:	1200 Ponce de Leon Blvd., Suite 703					
(Mailing address MAY BE A POST OFFICE BOX)	Coral Gables, Florida, 33134					
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name</u>	of the new registered				
Name of New Registered Agent:						
New Registered Office Address:		<u> </u>				
	Enter Florida street address					
New Registered Office Address:  Enter Florida street address  Florida  City  Zip Co.	Zip Code					
New Registered Agent's Signature, if changing Registered Agent:	·					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	eperformance of my duties, and I am fo provided for in Chapter 605, F.S. Or, i	miliar with and if this document is				
If Cha	nging Registered Agent, Signature of New Reg	istered 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

To: -18506176583

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<u>Title</u>	Name	Address	Type of Action
MGR	CAPRI FAMILY HOLDINGS INC	1001 BRICKELL BAY DRIVE SUITE 2730	□Add
		MIAMI, FL 33131	≅Remove
			□Change
MGR	Maria Isabel Giraldo Angel	1200 Ponce de Leon Blvd., Suite 703	≣∧dd
		Coral Gables, Florida, 33134	□Remove
			□Change
			□Add
			Remove
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e record specit rd is filed.	ies a delayed effective	date, but no	t an effectiv	ve time, at 1	2:01 a,m o	the earlier	of: (b) - The	e 90th day afte	er the
Datad	11-30 Uli P.		, 2021	·					
Dated	Whi A.								