(((H240003761533)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PAGIO'S & ASSOCIATES, LLC

Account Number : I20100000043 Phone : (305)397-8553 Fax Number : (305)397-8521

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

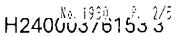
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MUMBAI BIKINIS USA, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

T. LEMIEUX

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COVER LETTER



| TO: | Registration Sect Division of Corpo | | | | |
|-----------------|--|---|--|-------------------|---|
| SUBJEC | , | MUMBAI | BIKINIŞ USA, LLC | | |
| SODJE | C1: | Name of Lin | uited Liability Company | | · · |
| | | mendment and fee(s) are sub fence concerning this matter | | | |
| | | GISELLA M. PONTI TA | CUNAU | | |
| | | | Name of Person | | |
| | | MUMBAI BIKINIS USA | LLC | | |
| | | | Firm/Company | | |
| | | 600 E DANIA BEACH B | LVD, APT 723 | | |
| | | Address | | | |
| | | DANIA, FL 33004 | | | |
| | | | City/State and Zip Code | | |
| | | GISELLAPONTI@OUTLO | | | |
| | | E-mail address: (| to be used for future annual rep | ort notification) | |
| Por furth | er information con | cerning this matter, please c | all: | | |
| GI | SELLA M. PONT | TACUNAU | 561 at () | 379-6517 | |
| - | Name of P | erson | | Daytime Telepho | ne Number |
| Enclosed | is a check for the | following amount: | | | |
| ≡ \$25.i | 00 Filing Fee' | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclose | | \$60.00 Filing Pee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | Street Adde | | |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Nov. 12. 2924 3:24PM

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MUMBAI BIKI | NIS USA, LLC | | |
|---|--|-------------------------|--|
| (Name of the Limited Liability Com (A Florida Limite | pany as it now appears d Liability Company) | an our records.) | |
| The Articles of Organization for this Limited Liability Compar Florida document numberL24000467794 | ny were filed on | 11/05/2024 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liz | bility company her | <u>e</u> : | |
| The new name must be distinguishable and contain the words "Limited Lia | bility Company," the des | ignation "LLC" or the a | bbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | , |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | 2024 140 |
| B. If amending the registered agent and/or registered office | address on our rec | ords, enter the nan | |
| gent and/or the new registered office address here: | | | 45 J. S. R. C. J. C. J. C. J. J. C. J. |
| Name of New Registered Agent: | | | 8 |
| New Registered Office Address: | | | |
| | Enter Floria | a street address | |
| | | , Florida | |
| | Cfty | | Zıp 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.

| 10 Cb i N A b - | Ci N | Danistanad Auana |
|---------------------------|-----------------------|------------------|
| If Changing Registered As | EUP GIAUMINIE OF IZEM | REPRIETED AREID |
| | | |

Nov. 12. 2924 3:24PM

Nov. 12. 2924 3:247M

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of 22th person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------|---------------------------------|----------------|
| AMBR | DANDUONO, LUCIANA | 600 E DANIA BEACH BLVD, APT 723 | a Add |
| | | DANIA, FL 33004 | □Кепюче |
| | | | Change |
| | | | □Add |
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| | 11/12/2024 |
| Effective d | te, if other than the date of filing: (optional) |
| Note: If the | 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 605.020 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a |
| document's | effective date on the Department of State's records. |
| | |
| he record spe ord is filed. | ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| | |
| Dated | NOVEMBER 12 2024 |
| | Caed |
| _ | Gisella Ponti Cetnau (Nov 12, 2024 14:17 EST) Signature of a member or authorized representative of a member |
| | |
| | GISELLA M. PONTI TACUNAU |
| - | Typed or printed name of signee |

Filing Fee: \$25.00