1/10000003339

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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K. SALY DEC -8 2016 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

Phone: 850-558-1500

ACCOUNT NO. : 12000000195 381805 REFERENCE : AUTHORIZATION COST LIMIT : U ORDER DATE: November 28, 2016 ORDER TIME : 3:23 PM ORDER NO. : 381805-010 CUSTOMER NO: 7131809 FOREIGN FILINGS NAME: JILL-E DESIGNS, LLC CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY XXXX AMENDMENT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY

EXAMINER:

COVER LETTER

TO: Registration Section

Division of Corporations	
SUBJECT: Jill-E Designs, LLC	
Name of Foreign-	Limited-Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are	e submitted for filing.
Please return all correspondence concerning this r	matter to the following:
GERARD S. DIFIORE, ESQ.	
Name of Person	
Reed Smith LLP	
Firm/Company	
599 Lexington Avenue	
Address	
New York, New York 10022-	7650
City/State and Zip Code	
gdifiore@reedsmith.com	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, ple	ease call·
	549-0396
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	
\$25 Filing Fee \$\ \tag{S30 Filing Fee & Certificate of Status}	\$55 Filing Fee & \$60 Filing Fee, Certified Copy Certificate of Status &
Certificate of Status	Certified Copy Certified Copy
CR2E055 (9/15)	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

	SECTION	N I (1-4 must be complete	d)	بي	
1Name of limited liability Comp		s on the records of the Flo	rida Department of	PLC SECTION	R T
Enter new principal office address		N/A		APS SEL	THE SE
(<u>Principal office address</u> <u>MUST BE A STREET ADDRES</u>	S				STATE OF LAND
Enter new mailing address, if app (<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>		N/A			
2. The Florida document number	of this limited lia	ability company is: M10	000003339		
3. Jurisdiction of its organization	New York				
4. Date authorized to do business	in Florida: _07	//28/2010		<u> </u>	
SECTION II (5-9 complete only 5. New name of the limited liabil	the applicable of the company:	changes)	LC y Company, " "L.L.C	," or "LLC.")	
(If name unavailable, enter alternations of the written consent of the must contain "Limited Liability C	managers or mai	naging members adopting	eting business in Flori the alternate name. T	ida and attach a he alternate name	;
6. If amending the registered agen registered agent and/or the new re			ecords, enter the nam	e of the new	
Name of New Registered Agent:	N/A		***************************************		
New Registered Office Address:	N/A	Entay 1	Tlorida Street Address		
		Enter 1		•	
		City	, Florida	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.

		cordance with 605.0902 (1)(e), indicate that change: Address Type of Action
tle/ Capacity	<u>Name</u>	Address Type of Action
	· · · · · · · · · · · · · · · · · · ·	Add
		Remove
		Add
		Remove
		Add
		Remove
		Add
		Remove
		Remove

Typed or printed name of signee

Filing Fee: \$25.00

State of New York Department of State } ss

I hereby certify, that JILL-E DESIGNS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/21/2007, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment JILL-E DESIGNS, LLC, changing its name to NEW GEAR BRANDS, LLC, was filed 11/29/2016.



Witness my hand and the official seal of the Department of State at the City of Albany, this 05th day of December two thousand and sixteen.

Brendan W. Fitzgerald Executive Deputy Secretary of State CAHASSEE, FLORIE

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