4 19/13:00 From To: 8500.7683 OOOb 99974 vinen of corporation Page 1 of 1

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TOMAS MAIER RETAIL LLC

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RECEIVEL

14 MAR 24 PH

K.SALY EXAMINER MAR 25 2014

AM 9:

3/24/2014 14:13:08 From: To: 8506176383

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Tomas Maier Retail LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peter Mastrosiefano

Name of Person

Tomas Maier Retail LLC Firm/Company

3 East 57th Street

Address

New York, NY 10022

City/State and Zip Code

peter.mastrostefano@kering.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

peter.mastrostcfano@kering.com	at (978) 698-1231
Name of Person	Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

□ \$25 Filing Fee □ \$30 Filing Fee & Certificate of Status Certified Copy

Solution Status & Certificate of Status & Certified Copy

MAILING ADDRESS:

Division of Corporations

Registration Section

CR2E055 (12/13)

4

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE THIN HAR 24 AM 9: 14 AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of Tomas Maier Retail LLC State:

Jurisdiction of its organization; _____ Delaware

3. Date authorized to do business in Florida: November 5, 2013

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: Tomas Maler Distribution LLC (must contain "Limited Liability Company, " "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

- 5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
- 6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:
- 7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized,

to of the authorized representative

Peter Mastrostefano

Typed or printed name of signee

Filing Fee: \$25.00

3/24/2014 14:13:08 From: To: 8506176383

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "TOMAS MAIER RETAIL LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "TOMAS MAIER DISTRIBUTION LLC", THE THIRTEENTH DAY OF MARCH, A.D. 2014, AT 9:03 O'CLOCK A.M.



of State AUTHENTYC TION: 1231949

DATE: 03-24-14

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140368766 You may worify this certificate online at corp.delaware.gov/authwor.ehtml 1

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