M19000004431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
APR - 4 2025

Office Use Only

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RECEIVED
2025 APR -3 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2025 APR -3 PM 4:25

CT CORP

(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 04/03/2025

Acc#I20160000072

Name:	PERRY ELLIS SHARED SERVICES, LLC
Document #:	
Order #:	16241439

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
Certified Copy of	☐			
Apostille/Notarial Certification:	☐		Country of Destination:	
			Number of Certs:	

Filing: ☑ Certified: ☑ Plain: ☐ COGS: ☐

Email Address for Annual ~~Report~~ Notifications:

Availability _____

Document ___
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: $ 55.00

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PERRY ELLIS SHARED SERVICES 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:

LUIS VIERA
Name of Person

PERRY ELLIS SHARED SERVICES LLC
Firm/Company

3000 NW 107th AVE
Address

MIAMI, FL 33172
City/State and Zip Code

LUIS.VIERA@PERY.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS VIERA at (305) 873-1077
Name of Person — Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ☐ $55 Filing Fee & Certified Copy ☒ $60 Filing Fee, Certificate of Status & 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)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: PERRY ELLIS SHARED SERVICES LLC

FILED
2025 APR -3 PM 4:25

Enter new principal office address, if applicable: 3000 NW 107th AVE
MIAMI, FL 33172

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 3000 NW 107th AVE
MIAMI, FL 33172

(Mailing address MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M19000004431

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 04/30/2019

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(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.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida Street Address

_____, **Florida** _____
City *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.

_____
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:
UPDATING CORPORATE OFFICERS

Title/ Capacity	Name	Address	Type of Action
CEO	GEORGE FELDENKREIS	3000 NW 107th AVE, MIAMI, FL 33172	☐Add
			☒Remove
CEO	OSCAR FELDENKREIS	3000 NW 107th AVE, MIAMI, FL 33172	☒Add
			☐Remove
CFO	JORGE NARINO	3000 NW 107th AVE, MIAMI, FL 33172	☒Add
			☐Remove
Secretary	FANNY HANONO	3000 NW 107th AVE, MIAMI, FL 33172	☒Add
			☐Remove
			☐Add
			☐Remove

9. Attached is a 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.

Signature of the authorized representative

OSCAR FELDENKREIS

Typed or printed name of signee

Filing Fee: $25.00