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Office Use Only



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TALLAMASSEE TEMBE

SEP 3 0 2019 S. YOUNG

COVER LETTER

Division of Corp	orations		
SUBJECT: 61+1	ed Hards Er Name of Lim	Herprise, LL	<u>C</u>
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Darten	e Cruz	
		Name of Person	
	Ciftd	Hands Enter	prise, LLC
	1923 11	annanda Way	
		Address	
	Priviera P	Deach FL City/State and Zip Code	33464
	darlevuz (E-mail address: (City/State and Zip Code OLO O G Maul to be used for future annual repor	• Com
For further information co	ncerning this matter, please ca		
Dayley Name of		at (<u>561</u>) <u>40</u> Area Code D	20 - 9840 aytime Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Fiting Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	☐ \$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is encli
•••			

MAILING ADDRESS:

TO:

Registration Section

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

Giffed	Hands	Enter	prise,	HC.	DB
(<u>Name of</u>	the Limited Liabilit	t <u>v Company as it</u> Limited Liability	now appears	on our records.)	
	(A Fiorida	ramined radonity		i i	
			h	ulantar	115

The Articles of Organization for this Limited Liability Company were filed on 0429|3015Florida document number 15000075377

This amendment is submitted to amend the following:

A.	If amending	name, enter	the new	name of	the limi	ted liability	company	<u>here</u> :
----	-------------	-------------	---------	---------	----------	---------------	---------	---------------

Beautifully Adorned Jewels 124.

The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbrev

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1923 Alamanda M Riviera Beach, Fo

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1923 Alamanda W Biviera Beach, FL

B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Engli Florida street address

City Zap

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 a provisions of all statutes relative to the proper and complete performance of my duties, and I am familia accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this being filed to merely reflect a change in the registered office address. I hereby confirm that the limited licompany has been notified in writing of this change.

If Changing Registered Agent Signature of New Registered

Page 1 of 3

or removed from our records: MGR = Manager AMBR = Authorized Member <u>Address</u> <u>Title</u> **Name** _____ ___ _ _ _______

___(

NIA

/
05/24/2019
E. Effective date, if other than the date of filing: Use 100 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.
·
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the
(b) The 90th day after the record is filed.
$\sim 10^{-10}$
Dated $\underline{D9-12-2D19}$.
KOarlene (rus)
Signature of a member or authorized representative of a member Orlene Cruz Typed or printed name of signee
Darlene Ariz
Typed or printed name of signee

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Filing Fee: \$25.00