## 16000002872

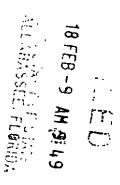
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## **COVER LETTER**

TO:

TO: Registration Sec Division of Corp			
Jewelry N-A			
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fec(s) are sub-	mitted for filing.	
	ndence concerning this matter		
	Ron Hubbard		
		Name of Person	
	Jewelry N-A Snap, LLC		
		Firm/Company	<del></del>
	9617 Greenbank Dr		
		Address	<del></del>
	Riverview Florida 33569		
		City/State and Zip Code	
	ronhubbard1606@gmail.com	m to be used for future annual report noti	Gootion)
r fall information			neumon)
	oncerning this matter, please ca		
Ron Hubbard		813 503-3464 at ()	
Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<b>→</b>		
Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpora Clifton Building	on rations
	issee, FL 32314	2661 Executive Co	enter Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jewelry N-A Snap, LLC  (Name of the Limited Liability Con (A Florida Limited)	npany as it now appears on ou ed Liability Company)	ır records.)
The Articles of Organization for this Limited Liability Compared Clorida document number <u>L16000002872</u>	ny were filed on 01/04/201	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Stay Vertical LLC		
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		
		8 F
Tuton - our mailing address if applicable		
Enter new mailing address, if applicable:		9
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
	<del></del>	0 3 C
3. If amending the registered agent and/or registered	office address on our	
s. If amending the registered agent and/of registered registered agent and/or the new registered office address b	nere:	records, engr the amount of the
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida str	
	enter riorida siri	ver daarexs
		, Florida Zip Code
	Citv	

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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
·			Add
			□ Remove
			□ Change
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			□ Remove
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	D.	6.1
ective date, if other than the date of filing:	(optional)	
n effective date is listed, the date must be specific and cannot be prior to date of filing te: If the date inserted in this block does not meet the applicable statutory current's effective date on the Department of State's records.	or more than 90 days after filing.) Pu	rsuant to 605. not be liste
record specifies a delayed effective date, but not an effecti The 90th day after the record is filed.	ive time, at 12:01 a.m. on	the earlie
ted		
	native of a member	

Page 3 of 3

Filing Fee: \$25.00