

L16 0000 76175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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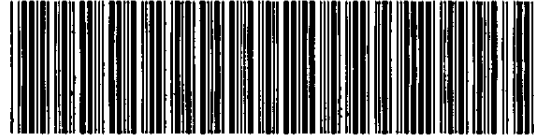
(Business Entity Name)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY -9 AM 7:59

05/10/16--01003--028 \*25.00

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
2016 MAY -9 PM 4:35

MAY 10 2016  
J SHIVERS

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MARQUISE FASHION JEWELRY  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHAVA KLEIN  
Name of Person

MARQUISE FASHION JEWELRY  
Firm/Company

43 LYNCREST DRIVE  
Address

MONSEY N.Y. 10952  
City/State and Zip Code

sales @ MARQUISEJEWELS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHAVA KLEIN at (646) 522-4027  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

**MAILING ADDRESS:**  
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



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

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	<del>EW</del> SARAH <del>HESCHEL</del> LIPSCHITZ	43 LYNCREST DRIVE MONSEY N.Y. 10952	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

16 MAY - 9 AM 7:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 earlier of:

(b) The 90th day after the record is filed.

Dated \_\_\_\_\_,

Chava Klein

Signature of a member or authorized representative of a member

CHAVA KLEIN

Typed or printed name of signee