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COVER LETTER

	is, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Charms, LLC Name of Limited Liability Company cles of Amendment and fee(s) are submitted for filing. orrespondence concerning this matter to the following: Eric Demarchelier Name of Person Firm/Company 1800 Collins Avenue, Apt 18A Address Miami Beach, FL 33139 City/State and Zip Code edemarchelier@yahoo.com E-mail address: (to be used for future annual report notification) nation concerning this matter, please call: er at (Area Code Daytime Telephone Number)		
Division of Corporations CD Charms, LLC 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: Eric Demarchelier Name of Person Firm/Company 1800 Collins Avenue, Apt 18A Address Miami Beach, FL 33139 City/State and Zip Code edemarcheller@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Eric Demarchelier Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Bigsim \$255.00 \text{ Filing Fee} \text{ \$\Bigsim \$30.00 \text{ Filing Fee} & \Cartificate of Status} \text{ \$\Cartificate of Status} \$\Cartificate of Stat			
	1900 Calling Avenue Ar		
	1800 Collins Avenue, Ap	DC 16A	
	CD Charms, LLC Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Eric Demarchelier Name of Person Firm/Company 1800 Collins Avenue, Apt 18A Address Miami Beach, FL 33139 City/Ntate and Zip Code edemarchelier@yahoo.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: Improved the information concerning this matter. Please call: Improved to be used for future annual report notification of the information concerning this matter. Please call: Improved to be used for future annual report notification of the information concerning this matter. Please call: Improved to be used for future annual report notification of the information concerning this matter. Please call: Improved to be used for future annual report notification of the information concerning this matter. Please call: Improved to be used for future annual report notification of the information concerning this matter. Please call: Improved to be used for future annual report notification of the information concerning this matter. Please call: Improved to be used for future annual report notification of the information concerning this matter. Please call: Improved to be used for future annual report notification of the information concerning this matter. Please call: Improved to be used for future annual report notification of the information concerning this matter. Please call: Improved to be used for future annual report notification of the information concerning this matter to the following annual report notification of the information concerning this matter to the following annual report notification of the information concerning this matter to the following annual report notification of the information concerning this matter to the following annual report notification of the information concerning this matter to the following annual report noti		
	E-mail address: (to be used for future annual report notif	ication)
For further information e	oncerning this matter, please ca	all:	
Eric Demarchelier			
Name o	f Person		· Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CD Charms, LLC

(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our imited Liability Company)	records.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L17000236461</u>	mpany were filed on 11/15/201	7 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SEP 17 AH11: 5
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:		ecords, enter the name of the new
New Registered Office Address:		
	Enter Florida street	address
	- · · · · · · · · · · · · · · · · · · ·	Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my dut. nt as provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is
	If Changing Registered Agent, Sign	ature 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Catherine Demarchelier	1800 Collins Avenue Apt 18A Miami Beach, FL 33139	
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			Change
			☐ Remove
			☐ Change
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fecti	ve date, if other than the date of filing: (optional) setive 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 60	15 030
nte:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis	ited a:
cum	ent's effective date on the Department of State's records.	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl	ier o
	90th day after the record is filed.	
	09 12 2019	
ited .	09 12 2014	

Page 3 of 3

Filing Fee: \$25.00