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(Reque	estor's Name)	i
(Addre	ss)	
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(City/S	tate/Zip/Phon	ne #)
PICK-UP	WAIT	MAIL
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(Docur	nent Number)
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COVER LETTER

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то:	Registration Se Division of Cor		,	
cuni	r general	Opulous	Jewelry LLC	
SUBJE	.CT:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Chris Mitchell Name of Person	
			Opulous Jewelry	
			Firm/Company	
		g	12 SE 46th Lane, Suite 2	204
			Address	-
		·	Cape Coral, FL 33904	
			City/State and Zip Code	
	•	Acc E-mail address: (ounting@opulousjewelry. to be used for future annual report no	com utilication)
For furt	her information co	oncerning this matter, please c	all:	
Chris	Mitchell		at (239) 823-21	55
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclose	ed is a check for th	ne following amount:		
⋤ \$2:	5.00 Filing Fee	S30.00 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Opulous Jewe	dry LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL19000197854	were filed on 1/8/2020	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	912 SE 46th Ln #204	
(Principal office address MUST BE A STREET ADDRESS)	Cape Coral Fl 33904	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	912 SE 46th Ln #204 Cape Coral FL 33904	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name	MOV 19
New Registered Office Address:		A F
The Megistered Office Addiess.	Enter Florida street address	9: 38 STATE
	, Florida	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

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>	Type of Action
MGR Christopher Mitchell	912 SE 46th Ln #204		
	Cape Coral Fl 33904	□Remove	
		Change	
MGR Mimmo Giambanco	912 SE 46th Ln #204	■ Add	
	Cape Coral fl 33904	🗀 Remove	
			Change
			□Add
			□Remove
			Change
	 		□Add
		□Remove	
		Change	
		□Add	
		□Remove	
			Change
			Remove
			□Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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If an effec <u>Note:</u> If	e date, if other than the date of filing:
e record rd is filed	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 d.
Dated _	November 17 . 2021 .
	Signature of a member or authorized representative of a member
	James Morrissette

Filing Fee: \$25.00

Typed or printed name of signee