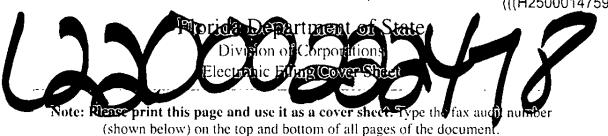
4/23/25, 7:29 AM

Division of Corporations

(((H25000147594 3)))



(((H25000147594 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC

Account Number : I20220000070

Phone

: (888)462-3453

Fax Number

: (877)919-2613

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

EFILE1234@INCFILE.COM Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JEWELZ PRO COMPANY LLC

Certificate of Status	0
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Page Count	05
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## **COVER LETTER**

(((H25000147594 3)))

TO:	Registration Sec Division of Corp			<b>:</b>
SUBJE		RO COMPANY LLC		
SOBJE	C1:	Name of Lin	nited Liability Company	
				<i>\$</i>
The enc	losed Articles of :	Amendment and fee(s) are sub	omitted for filing.	,
Please r	eturn all correspon	ndence concerning this matter	to the following:	
		LOVETTE DOBSON		
		<del></del>	Name of Person	<u> </u>
		INCFILE.COM LLC		
			Firm/Company	
17350 STATE HWY 249, STE			STE 220	
<del></del>			Address	
		HOUSTON, TX 77064		
			City/State and Zip Code	
		EFILE1234@INCFILE.CO		
r C			to be used for future annual report notif	icalion)
		nncerning this matter, please o		
LOVET	TE DOBSON Name of	Parcon	888 462-3453 at ( ) Area Code Daytime	Talunhana Vumbur
	(Same of	reison	Area Code Dayume	тетеричие жиноег
Enclose	is a check for the	e following amount:		
<b>■</b> \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of Co	ection	Street Address: Registration Sec Division of Corp	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H25000147594 3)))

JEWEI	LZ PRO C	COMPANY LLC	
( <u>Name of the Limited Liabil</u> (A Florid	ity Compa a Limited	igy as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L22000222478</u>	Company 	were filed on 05/11/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liab	sility company here:	
The new name must be distinguishable and contain the words "Lin	nited Liabi	lity Company," the designation "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applicable:		2125 Biscayne Blvd, Ste 204 #20089	7-2
(Principal office address MUST BE A STREET ADD)	RESS)	Miami, FL 33137	(5)
			D) G)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		2125 Biscayne Blvd. Ste 204 #20089	
		Miami, FL 33137	
			<u>လ</u> လ
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office :	address on our records, <u>enter the name</u>	of the new register
Name of New Registered Agent:			
New Registered Office Address: 476 R	476 Riverside Ave Ste 4		
Jackso	onville	Enter Florida street address , Florida <sup>322</sup>	02
		, Fiorida	74. () 1

## 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.

City

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:

(((H25000147594 3)))

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Yahsheika Wilks	2125 Biscayne Blvd, Ste 204 #20089	
		Miami, FL 33137	□Remove
			■ Change
	<del></del>		□Add
		<del></del>	□Remove
		-110-37-201-0-1	
			□Add
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ective date, if other than the a effective date is listed, the date muster. If the date inserted in this blooment's effective date on the December 2.	t be specific and cannot be prior to ock does not meet the applicab			
cord specifies a delayed effectives filed.	e date, but not an effective time	e, at 12:01 a.m. on the ea	rlier of: (b) The 90th day a	ifter the
	2025			
ed April 22	2023			
ted April 22  Gahsheika U	Vilks Signature of a member or authori		iber	

(((H25000147594 3)))

Filing Fee: \$25.00