N19000005654

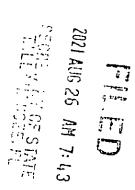
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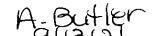
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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

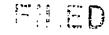
Division of Corporations Jewels of the Future, Inc. NAME OF CORPORATION: N19000005654 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: David Famuyide (Name of Contact Person) Chisholm Law Firm, LLC (Firm/ Company) 37 North Orange Avenue Suite 500 (Address) Orlando, FL 32801 (City/ State and Zip Code) legaldepartment@chisholmfirm.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: David Famuyide 407 6742657 (Name of Contact Person) (Daytime Telephone Number) (Area Code) Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Street Address Mailing Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to Articles of Incorporation of



2021 AUG 26 AM 7: 44 Jewels of the Future, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N19000005654 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: _, Florida ___ (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>						
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s				
1) X Change	<u> </u>	Renita Anece Turner	6050 Moncrief Rd #10				
Add			Jacksonville, Fl 32209				
Remove							
2) X Change	S	Stephen A. Smith	6050 Moncrief Rd #10				
Add			Jacksonville, Fl 32209				
Remove			-				
3) Change	Τ	Cedrick L. Turner	6050 Moncrief Rd #10				
<u>x</u> Add			Jacksonville, Fl 32209				
Remove							
4) X Change	v	Diamond Barbra Ann Wallace	6050 Monerief Rd #10				
Add			Jacksonville, FI 32209				
Remove							
5) Change							
Add							
Remove							
6) Change							
Add							
Remove							

attach additional s	iding additional Ar heets, if necessary).	(Be specific)	I				
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	e of each amendment(s) adoption:	, if other than the
date this	document was signed.	
Effective	e date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
Note: If documen	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not's effective date on the Department of State's records.	ot be listed as the
Adoption	on of Amendment(s) (<u>CHECK ONE</u>)	
☐ The	e amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) s/were sufficient for approval.	
The ado	ere are no members or members entitled to vote on the amendment(s). The amendment(s) was/were opted by the board of directors.	
	Dated $98/40$	
	Signature Millio Co. T.	
	(By the chairman or vice chairman of the board, president or other officer-if directors	
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Renita Anece Turner	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	