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(Req	juestor's Name)	<u> </u>
(Address)		
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SECRETARY OF STATE ALLAHA9SEE, FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations	194 (a. 194
SUBJE	CT: Amor îum LLC Name of Limited Liability Company	-
The en	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Saline Gulec Name of Person	_
	_	
	Amorium LLC Firm/Company	_
	300 S Biscayne Blvd #2107	_
	Miani /FL /33131 City/State and Zip Code	
	Sakve @ amorium jevelry. com E-mail address: (to be used for future annual poport notification)	-
For fur	ther information concerning this matter, please call:	
	Sakina Gulle at (305) 8126537 Name of Person Area Code & Daytime Telephone Numb	ber
Enclos	ed is a check for the following amount:	
25	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, cate of Status & ied Copy onal 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records. Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on <u>02/13/12</u> and assigned Florida document number <u>1-1200020599</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company here:			
The new name must be distinguishable and end with the words "Lir" L.L.C."	mited Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	1/4.			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he Name of New Registered Agent:	office address on our records, enter the name of the new ere:			
New Registered Office Address:	Enter Florida street address			
-	, Florida For Barrier City Florida For Barrier City Spicode			
New Registered Agent's Signature if changing Registered Agen	Ori F			

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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Address Type of Action** <u>Name</u> Can Gulec MGRU Remove Remove Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Sakve Gulec
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00