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10/10/19

COVER LETTER

TO:

TO: Registration Division of C	Section Corporations	,		
SUBJECT:	Prima Jewe Name of Li	Iry Designs, I	LLC	
The enclosed Articles	of Amendment and fee(s) are st	ibmitted for filing.		
Please return all corres	pondence concerning this matte	er to the following:		
		Name of Person rchmier Jewelry Firny Company	201	* 1 .
	Maitla	Chael Tiago Address Address	<u>S</u> 23	ILED 22
For further information of	E-mail address: (to be used for fature annual report not	mail.com dication)	
		at (<u>321)</u> 277 Area Code Daytime	- 5710 e Telephone Number	
Enclosed is a check for the \$25.00 Filing Fee	ne following amount: 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)	
Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ix 6327 ssee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen	n ations	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Prima Jewel	ry Designs, LLC	
(Name of the Limite	d Liability Company is it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia		≤ and assigned
Florida document number <u>L15 0000</u>	75.851	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
	mier Jewelry, LLC rds "Limited Liability Company the designation "LLC" or	
		the abbreviation "L.L.C."
Enter new principal offices address, if applical		
(Principal office address MUST BE A STREET	ADDRESS)	PR A
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u>0.Y</u>	23
D. 16 amountly a state of the s		
b. If amending the registered agent and/or registered agent and/or the new registered officered.	registered office address on our records, <u>er</u>	nter the name of the new
	e udaress here.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid:	a
	City	Zip Code
law Dagistand the No. 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.

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 = Ma AMBR = Au	inager thorized Member		
Title	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			□ Add

	——————————————————————————————————————
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Karen Birch mier Typed or printed name of signee							

Page 3 of 3

Filing Fee: \$25.00