

•						
(Requestor's Name)						
•						
(Address)						
(Address)						
(1000)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
•						
(Document Number)						
,						
Cartified Carios Cartificates of Status						
Certified Copies Certificates of Status:						
Special Instructions to Filing Officer:						
ļ.						

Office Use Only

G. MCLEOD

JUN 2 9 2009

**EXAMINER** 



600156400426

06/11/03--01048--018 \*\*52.50



OF JUN 26 AM 6: 46

## **COVER LETTER**

Division of Corporations									
SUBJECT:	SAVANNAH JEWELRY COMPANY, LLC								
		ted Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.							
Please return all correspo	ndence concerning this matter	to the following:							
Peter Luria									
Name of Person									
SAVANNAH JEWELRY COMPANY, LLC									
	Firm/Company								
	1800 West 23rd Street								
	Address								
	Miami Beach, FL 33140								
·	City/State and Zip Code								
	peter@savannahiewelry.com								
peter@savannahjewelry.com  E-mail address: (to be used for future annual report notification)									
For further information concerning this matter, please call:									
E	Peter Luria	at ( 305 ) 3	21-3201						
Name of Person			Daytime Telephone Number						
Enclosed is a check for th	e following amount:								
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55:00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)						

MAILING ADDRESS:

TO:

**Registration Section** 

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

SAVANN (Name of the Limited (A	AH JEWELI Liability Compa Florida Limited I	RY COMPANY, ny as it now appears of Jability Company)	LLC n our records.)		
The Articles of Organization for this Limited Li Florida document number		were filed on	une 8, 2000	and ass	signed
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited liab	ility company here:			
The new name must be distinguishable and end wit "L.L.C."	th the words "Limi	ted Liability Company,	' the designation "L	LC" or the	abbreviation
Enter new principal offices address, if applic	able:	175 Worth Aven	ue		
(Principal office address MUST BE A STREE		Palm Beach, FL		8	5.5
					SOC
				=======================================	
Enter new mailing address, if applicable:		1800 West 23rd	Street	26	
(Mailing address MAY BE A POST OFFICE	BOX)	Miami Beach, Fl	_ 33140	7	국역 <del>를</del>
	<del></del>			<u>ن</u>	<del></del>
				9	
B. If amending the registered agent and/o			records, enter the	he name o	of the new
registered agent and/or the new registered of	fice address her	<u>e</u> :			
Name of New Registered Agent:					<del></del>
New Registered Office Address:	1800 West	23rd Street			
		Enter	Florida street addi	ress	<del></del>
	M	iami Beach	, Florida	3314	0
	City			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 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> <u>Name</u> **Address** Type of Action ☐ Add Remove \_\_\_ Add Remove ☐ Add Remove ∏Add Remove Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 22 2009 Dated \_\_\_\_ Signature of a member or authorized representative of a member

Page 2 of 2

Peter Luria
Typed or printed name of signee

Filing Fee: \$25.00