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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Sign	ret Intern. Name of Limit	Aronal LL ded Liability Company	<u>C</u>
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
For further information con Jacob 6 Name of	Signet !	Address Bot - TS land City State and Zap Code Gwyfel com The used for future annual report notific II: at (305) 495	al LLC 518 8, FL 33154
	en .		
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 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)

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

Signet Tuternetional LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida	Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L 06 0000397</u> 7	ompany were filed on <u>04/18/2006</u> and assigned
This amendment is submitted to amend the following:	
A. 15 amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Lumr	nted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR.	(ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BON)	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr Name of New Registered Agent: New Registered Office Address:	tered office address on our records, enter the name of the neess here:
New Neglitered Office Address.	Enter Florida street address
_	Florida 🚆 😝 🔳
	Cuy Zip Code C
New Registered Agent's Signature, if changing Registered	IAgent: SF 12
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	and agree to act in this capacity. I further agree to comply with to complete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is ed office address. I hereby confirm that the limited liability
	If Changing Danis and Vanny Change of Van Danis and Van

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 = Manager

AMBR = Authorized Member Type of Action Title **Name** 1111 Kane Concourse, #578 - Add

Bay Harleor Islands, FL Remove MERN Dragun, Yury □ Change MERM Reva, Oleksandt Lesoputhovy) Line 1, #68 And Kharkov, Ukraine, 6/070 - Remove ☐ Change □ Add ☐ Remove Change □ Change □ Add □ Remove □ Change

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Effective date, if other the (If an effective date is listed, the Note: If the date inserted is document's effective date of	date must be specific and c n this block does not me	cannot be prior to date ret the applicable st	of filing or more than a atutory filing require	90 days after filing	g.) Pursuant to 60	5,0207 (3); ted as the
the record specifies a c) The 90th day after t	-	ate, but not an	effective time, a	t 12:01 a.m.	on the earli	er of:
Dated July 5	14	2018				
	Signature of a m	ember or authorized r	epresentative of a men	nber		
		,				
	Jacob.	Cyped or printed nam	e of signee			

Page 3 of 3

Filing Fee: \$25.00