

L07000 101625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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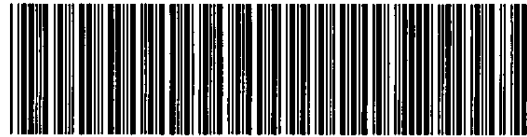
(Business Entity Name)

(Document Number)

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15 JAN 15 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 29 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CREATION JEWELRY LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alex X. Alomar

Name of Person

CREATION JEWELRY LLC

Firm/Company

1390 E Vine Street

Address

Kissimmee , Florida 34744

City/State and Zip Code

jaimereyesmachetero@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jaime Luis Reyes

at (321) 527-0263

Name of Person

Area Code

Daytime Telephone Number

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**

CREATION JEWELRY LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/05/2007 and assigned
Florida document number L07000101625

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CREATION JEWELRY LLC

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

1390 E Vine Street

Kissimmee

Florida 34744

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1390 E Vine Street

Kissimmee

Florida 34744

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Jaime Luis Reyes

New Registered Office Address:

1631 E Vine Street , Suite K

Enter Florida street address

Kissimmee

City

Florida 34744

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 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.

Jaime Luis Reyes
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Alex Alomar	1390 E Vine Street, Kissimmee	<input checked="" type="checkbox"/> Add
		Florida 34744	<input type="checkbox"/> Remove
MGRM	Christian Markham	2420 Rudden Stoneway	<input checked="" type="checkbox"/> Add
		Kissimmee , Florida 34744	<input type="checkbox"/> Remove
MGRM	Alex X Alomar	1390 E Vine Street , Kissimmee	<input type="checkbox"/> Add
		Florida 343744	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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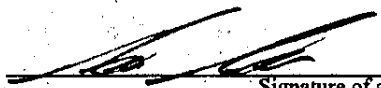
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NONE

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 02, 2015



Signature of a member or authorized representative of a member

Alex X Alomar

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

15 JAN 15 AM 11:57
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TALLAHASSEE, FLORIDA