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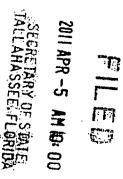
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
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(Document Number)					
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J. SAULSBERRY EXAMINER

APR 6 2011

COVER LETTER

TO: Registration S Division of Co								
SUBJECT:	GLOBAL J	EWELRY DESIGN	S, LLC					
	Name of Lim	ited Liability Company						
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.						
Please return all corresp	ondence concerning this matter	to the following:						
	Ron	Name of Person						
		Firm/Company		2011 SEC				
•	5125	5125 B. Lake Catalina DR ASSECTATION TO Address						
	Boca Ra Ro E-mail address: (-5 AM # 00 RY OF STATE SEEF FLORIDA				
For further information	concerning this matter, please of							
Name	OPPER of Person	at (<u>S61)</u> 715-16 Area Code & Daytime T	elephone Number	_ 				
Enclosed is a check for	the following amount:							
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	l)			
MAILING ADDRESS.		STDEET/COUDIE	ANNDESS.					

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

GLOBAL JEWE 4 (Name of the Limited L	24 DE 51	GNS L	LC	ALL TALL	3
(<u>Name of the Limited L</u> (A F	iability Company lorida Limited Lia	as it now appear ability Company)	rs on our records.)	AES :	
The Articles of Organization for this Limited Liab	oility Company v 74565	vere filed on <u>A</u>	ug 3, 2009	R MOT STATES	signed 15
This amendment is submitted to amend the follow	ving:			5 m	8
A. If amending name, enter the new name of the	he limited liabil	ity company her	<u>re</u> :		
PLACE 4 DEALS					
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Compa	any," the designation "I	LLC" or the	abbreviation
Enter new principal offices address, if applicab		5125 Book	B LAKE C	etalina	<u>. De</u>
(Principal office address MUST BE A STREET	<u>ADDKESS)</u>	OCCA 1	VATON, TL	27/12	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>0X)</u>	5125 Boca A	B. Lake (ATON, FR 3	atalina 33496	a De
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, enter (the name o	of the new
Name of New Registered Agent:	_Roi	VALD	OPPER : Catalina .		
New Registered Office Address:	5125		catali Na j		
	BOCA 1	$>$ \cdots	ier r ioriaa sireei aaa , Florida		96
	•	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 Changing Registered Agent, Signature of New Registered Agent

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 **Address** Title <u>Name</u> Type of Action STUART ZIMMELMAN ☐ 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.) 4-1-2011 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00