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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Sec Division of Corp			
CUD IE		AR JEWELRY LLC		
SUDJE	CT:	Name of Lim	ited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspor	ndence concerning this matter	to the following:	
		MAHMOUD MOHAM	MED	
			Name of Person	
		FIVE STAR JEWELI	RY LLC	
			Firm/Company	
		4705 66TH STREET	ΓN	
			Address	
		KENNETH CITY FL	33709	
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		HERB@TAXGUYBA		
		E-mail address: (1	to be used for future annual report notific	cation)
For furth	ner information co	oncerning this matter, please ca	ali:	
HERB	BRIGGS		727 343-1398	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	e 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

FIVE STAR JEWELRY LLC

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

(11 Torrage Entitle Entitle	my company)	
The Articles of Organization for this Limited Liability Company we	ere filed on 08/05/09	and assigned
Florida document number L09000075291		-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
LAURA'S FIVE STAR JEWELRY LLC		
The new name must be distinguishable and end with the words "Limited Liability	y Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	## ### ## ## ## ## ## ## ## ## ## ## ##	
(Principal office address MUST BE A STREET ADDRESS)		
-		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter th	ne name of the new
The second secon	 :1	4
Name of New Registered Agent:		14
New Registered Office Address:	H	
new registered Office Address.	Enter Florida street address	No branco
	, Florida	9 3
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	NO.	57 Vif
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	rformance of my duties, and I am fan wided for in Chapter 605, F.S. Or, if	niliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Ma AMBR = Au	nager thorized Member		,
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
			Add
		·	Remove
			Add
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	<u></u>		□ Add
			TRETARY OF ALLIAHASSEE. F
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effective date must be specific, cannot be prior to date of receipt or filed date and	(optional) cannot be more than 90 days after
effective date must be specific, cannot be prior to date of receipt or filed date and date this document is filed by the Florida Department of State) DECEMBER 4 2014	(optional) cannot be more than 90 days after
effective date must be specific, cannot be prior to date of receipt or filed date and date this document is filed by the Florida Department of State) DECEMBER 4. 2014	(optional) cannot be more than 90 days after
Fective date, if other than the date of filing: e effective date must be specific, cannot be prior to date of receipt or filed date and e date this document is filed by the Florida Department of State) ted DECEMBER 4 Signature of a member or authorized repre	cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

SECRE IARY OF STATE
TALL AHASSEE CLOSIN