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N. Culligan DEC 1 1 2021

COVER LETTER

TO: Registration S Division of Co		•	
SUBJECT:	tale Jewel Name of Limite	ny & Loan U ed Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subn	nitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	
	<u> </u>	+ ASbell Name of Person	<u> </u>
	Haile Je	Welry and Land	<u>S</u>
	2725 SW 0	11St suite 140	
	Gaincsvill	City/State and Zip Code	,
	E-mail address: (to	be used for future annual report notificati	on)
For further information	concerning this matter, please ca	all:	
Clint	A De U of Person	at <u>252, 333-190</u> Area Code & Daytime Te	clephone 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

FILED ANII: 58

•		THE ATLE
1/2/2 /2 /2 /2 / 2 / 2	1 10-	SECRETARY OF STATE () (AKCAHASSEE, FLORIDA
Name of the Limited Liability Compa	ny as it now annears on	
(A Florida Limited I.	Liability Company)	our records.
The Articles of Organization for this Limited Liability Company	were filed onAVC	2009 and assigned
Florida document number <u>LD90000</u> 894(e.9		J
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company,"	the designation "LLC" or the abbreviation
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)		<u> </u>
www.cos.iiiii DD /ii OSI OI IIOZ DO /ii		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		records, enter the name of the new
registered agent and/or the new registered office address her	<u>c.</u>	
Name of New Registered Agent:		
New Registered Office Address:		
11011 Registered Office Address.	Enter 1	Florida street address
		, Florida

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.

City

Zip Code

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MORM	Sheena Ashell	2725 en 91st st #140	Add
		2725 en 9/8 st #140 Caincsville, 2 32608	Remove
			Add Remove
			Add Remove
-1			Add Remove
			Add Remove
			Add

). 11 an	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	December 5. pol2.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3 Filing Fee: \$25.00

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