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G. MCLEOD

MAR 11 2010

EXAMINER



400171469584

03/08/10--01048--013 **25.00

SECRETARY OF STATE ON STATE OF CORPORATIONS

COVER LETTER

	tion Section of Corporations
SUBJECT:	ABC Jewelry Center, LLC Name of Limited Liability Company
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
	Richard Phillips Name of Person
	ABC Jewelry Center, LLC Firm/Company
	1829 W. SR 434 Address
	City/State and Zip Code ABC Jewelry Center & Gmail, Com E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
Rich	Name of Person at (321) 948-8815 Area Code & Daytime Telephone Number
Enclosed is a chec	ck for the following amount:
\$25.00 Filing	Fee \$\int_{\}\$30.00 Filing Fee & \$\int_{\}\$55.00 Filing Fee & \$\int_{\}\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) (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

ABC Jewe (Name of the Limited Liabili	ty Company as it now appears on	LLC. our records.)
(A Florida	a Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number	• /	25/10 and assigned
Γhis amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the w'L.L.C."	ords "Limited Liability Company,"	the designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	DRESS)	
		SECRE SHOWN
		DE CONTRACT
Enter new mailing address, if applicable:		3 200
Mailing address MAY BE A POST OFFICE BOX)		4 2+
		# 2½ 5n
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our	records, enter the name of the nev
registered agent and/or the new registered office ad	idiess nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	lorida street address
		, Florida
	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 Type of Action Title Name Pres. Khadije Choki Remove ☐ Add Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated March 6, 2010. Vice Statisdent
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00