L 10000094570

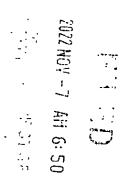
(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Au	uicss)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
•	•	,
(D0	cument Number)	
Certified Copies	_ Certificates	of Status
	Filt - Off	
Special Instructions to	Filing Officer:	

Office Use Only



000396917530

11/07/22--01025--023 **80.00



A. BUTLER JAN 2 6 2023

COVER LETTER

TO:	Registration Se Division of Cor			
	GEMS & L	DIAMONDS BROKER, LIC		
SUBJI	ECT:	Name of Lim	nited Liability Company	
		, and of the	med manni. Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		ALEXANDRA MORENC)	
Name of Person GEMS & DIAMONDS BROKER, LLC				
Firm/Company				
36 NE 1ST STREET, SUITE# 812				
		MIAMI FL 33132	Address	
City/State and Zip Code alexandramoreno566@ymail.com				
		E-mail address: (to be used for future annual report notification)	
		oncerning this matter, please c		
Alexa	ndra Moreno		305 606-8804	
	Name o	f Person	at () Area Code Daytime Telephone Number	-
Enclos	ed is a check for th	ne following amount:		
□ \$2	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee Certificate of State Certified Copy (additional copy is enclosed)	atus &
*	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GEMS & DIAMONDS BROKER		2022 NOV -7 AH 6: 50
(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)
	Liability Company were filed o	on SEPTEMBER 7TH, 2010 and assigned
is amendment is submitted to amend the fol		
. If amending name, enter the new name	of the limited liability compa	any here:
//A		
e new name must be distinguishable and contain the	words "Limited Liability Company.	"the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	icable:	
• • • • • • • • • • • • • • • • • • • •		
<u>Principal office address MUST BE A STRE</u>	<u>ET ADDRESS)</u>	
		
nter new mailing address, if applicable:		
Mailing add <u>ress MAY BE A POST OFFICE</u>	E BOX)	
If amending the registered agent and/or	registered affice address on	our records, enter the name of the new reg
gent and/or the new registered office addre		our records, enter the name of the new re-
Name of New Registered Agent:	ALEXANDRA MORENO	
Name of New Registered Agent: New Registered Office Address:	ALEXANDRA MORENO 36 NE 1ST STREET SUIT	
	36 NE 1ST STREET SUIT	
-	36 NE 1ST STREET SUIT	'E #812

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u> MGRM	<u>Name</u> MARIA ANTONIA MORENO	Address 7821 SW 182nd TER, PALMETTO BAY, FL 33157	Type of Action
			□Add
			= Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add
		 	□Remove
			□Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ________(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the record is filed. NOVEMEBER 3RD 2022 Dated _____ Signature of a member or authorized representative of a member ALEXANDRA MORENO Typed or printed name of signee