L12000010919

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12 MAY 24 PM 1: 82
SCORE LARY OF STATE

D. BRUCE
MAY 2 5 2012
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporati	ons			
SUBJE	CCT:		Jewelry LLC ted Liability Company		
The en	closed Articles of Amend	dment and fee(s) are sub	omitted for filing.		'
Please	return all correspondence	e concerning this matter	to the following:	,	
			Caleb Fowler Name of Person		
			RootsJewelry LLC		-
For fur	ther information concern Caleb I Name of Person	roc E-mail address: (i ing this matter, please c	_at (_ <mark>813</mark>)_		12 MAY 24 RM 1: 82 SECRETARY OF STATE FALLAHASSEE. FLORIDA
	ed is a check for the follo	owing amount: 30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	Certif closed) Certif	Filing Fee, icate of Status & ied Copy ional copy is enclosed)
	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	section orporations 7	Registration Division of C Clifton Build	Corporations ling ive Center Circle	:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RootsJewelry LLC

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

The Articles of Organization for this Limited Liability Company were filed on L12000010919

01/24/2012

and assigned

Florida document number

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "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)

12 MAY 24 CM 1: 82

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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

MGR = Mana MGRM = Mar	ger naging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	CATHRYN FOWLER	4941 DEWEY ROSE CT TAMPA. FL 33624	☑ Add Remove
			Add Remove
			_□ Add _□ Remove
			_ Add _ Remove
			_□Add _□Remove
			∐Add _∐Remove
D. If amendin	g any other information, enter cha	inge(s) here: (Attach additional sheets, if ne	cessary.)
Dated _	MAY 22	2012	12 MAY 24 PM 1: 82 12 MAY 24 PM 1: 82 SECRETIARY OF STATE TALLAHASSEE. FLORIDA
_	Signature of a mem	ber or authorized representative of a member	

Typed or printed name of signee

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Filing Fee: \$25.00