L12000037415

Office Use Only



300240905393

10/26/12--01006--012 **55.00

FILED



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Donnie Stern Jewelry Consultancy Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ponnie Stern Name of Person
Bonnie Stern Jewelry Consultancy
184 Brancey Place
Falm Beach Floring 33480 City/State and Zip Code
Donie Stern De VE agmail. Com E-mail address: (to be used) for future annual report notification)
For further information concerning this matter, please call:
Ponnie Stern Name of Person at (917) 684.230\ Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\$30.00 Filing Fee & \text{Certified Copy} & \text{(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

Donnie STERN			JCY	
(<u>Name of the Limited Liability Con</u> (A Florida Limit	mpany as it now appeted Liability Compar	pears on our records.)		
The Articles of Organization for this Limited Liability Comp Florida document number <u>L12000037415</u> .	oany were filed on _	3.16.2013	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited in the new name of the limited in the new name must be distinguishable and end with the words "I"L.L.C."			LLC" or the abbrevi	 ation
Enter new principal offices address, if applicable:			Şis ₹	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		8 8	
Enter new mailing address, if applicable:			1 26 PH Z	FLED
(Mailing address MAY BE A POST OFFICE BOX)			(0) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	—
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	l office address o here:	on our records, <u>enter</u>	the name of the	<u>new</u>
Name of New Registered Agent:				
New Registered Office Address:		Euton Florido atacata d	Juana	
	Enter Florida street address			
	City	, Florida	Zip Code	_
	~ <i>y</i>		enp conc	

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 = Ma MGRM = N	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
 			FILED FILED FILED 12 OCT 26 PH I2: 29 SECNETARY OF STATE IALLAHASSEE, FLORE
Dated	10.23 , f	NE SEN	PHIZ: 29 OF STATE OF STATE OF STATE
		or or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00