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## **COVER LETTER**

TO:	Registration Sec Division of Corp		
CUDIC		LA FINE ITALIAN JEWELRY LLC	
SUBJE	.CT:	Name of Limited Liability Company	
The end	closed Articles of A	Amendment and fee(s) are submitted for filing.	
Please	return all correspon	ndence concerning this matter to the following:	
		MICHELLE EYAL	
	,	Name of Person	
		MICHAELA FINE ITALIAN JEWELRY LLC	
		Firm/Company	
		6353 WEST ROGERS CIRLCE, SUITE 2	
		Address	
		BOCA RATON, FL 33487	
		City/State and Zip Code	
		MICHELLE@MICHAELAFINEJEWELRY.COM	
		E-mail address: (to be used for future annual report notification)	
For fur	ther information co	oncerning this matter, please call:	
MICH	HELLE EYAL	561 306-7769	
	Name of	Person Area Code Daytime Telephone Number	_
Enclose	ed is a check for the	e following amount:	
<b>\$2</b> :	5.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee &	Status & y

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

MICHAELA FINE ITALIAN JEWELRY LI		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our rec Liability Company)	<u>ords.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 03/20/2012	and assigned
Florida document number L12000039142		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
MICHAELA FINE JEWELRY LLC		
The new name must be distinguishable and end with the words "Limited Lia	bility Company," the designation '	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		recei
(Principal office address MUST BE A STREET ADDRESS)		PO -
		LA SE
Enter new mailing address, if applicable:		SSR - F
- •••	-	ि द्वा
(Mailing address MAY BE A POST OFFICE BOX)		TO TO
		+: 56
D. If any diversity and any to a life and a second	00	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		rds, enter the name of the nev
Name of New Projectored Agents		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	lress
		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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>itle</u>	<u>Name</u>	Address	Type of Action
			Remove
			□ Add
			☐ Remove
,			
			☐ Remove
			☐ Remove
			□ Remove
		···	□ Add
			□ Remove

If amending any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)
•	
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of the date this document is filed by the Florida Department of	of receipt or filed date and cannot be more than 90 days after
Dated SEPTEMBER 8	2014
Dated, .	
-	
Signature of a mer	mber or authorized representative of a member
MICHELLE EYAL	
T	ped or printed name of signee

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Filing Fee: \$25.00

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