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SECRETARY OF STATE

B. BOSTICK

MAR 2 9 2013

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Shea-Adrians Jewelry Charts and more CLC 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:	
Sharanda T. Smith Name of Person	
Shea-Adriana's Jewely Works and More, LLC Firm/Company unt 3#92	
3539 Appalachee Phwy unt 3#92	
Tallahassee FL 30311 City/State and Zip Code	
S5746 emboronail. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	Π
For further information concerning this matter, please call:	الثمي
Sharenta T. Smith at 830, 650.0424 Area Code & Daytime Telephone Number To The State of Person at 830, 650.0424 Area Code & Daytime Telephone Number	-
Enclosed is a check for the following amount:	
\$25.00 Filing Fee U\$30.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy	

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shea-Adnara's Jeweny (North and Mre LL)
(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 Lia Florida document number <u>L120000 Hlo8</u>	ability Company	were filed on APN 5	5,2012	and assigne	d
This amendment is submitted to amend the follo	wing:			29 F	1.**
A. If amending name, enter the new name of Sha - Adham's Sculling The new name must be distinguishable and end with "L.L.C."	Crafts	and More 4	designation "LLC	OF STATE abbre	viation
Enter new principal offices address, if applica		3539 Apolo	y hee PKW FL 3231/	y unit 3	# %
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	3539 Appok Tolkhossee,	Whee Phu FL 300	y Und.	<u>5</u> 492 —
B. If amending the registered agent and/or registered agent and/or the new registered of			ords, enter the	name of th	ie new
Name of New Registered Agent: New Registered Office Address:	Share 3539 App	onda T. Sin palatinee Phus Enter Flor	MH 14 Unit 3 Ida street addres Florida 3	3 <u>#42</u> ss 2311	
	talking	City	_, r Iorida <u> </u>	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 = Man MGRM = M	ager anaging Member		5- K
<u>Title</u>	<u>Name</u>	Address	Type of Action
MIR	Sharanda T. Smith	3539 Appalainee Pkwy Unit:	3to Add
		Tallomesse, FL 30311	Remove
MIRM	Alexine Odom	3539 Appalachee Phivy Unit 3+	— D 🗸 🗸 Add
		Tolkhasse, FL 38311	Remove
			Add
			Remove
			SECONDARY
			AHE JAN Remove
			E ELORIOA OF STATE OF STATE
			Add
			Add
			Remove

If amendir	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ed Man	ah 29, 8013
	Signature of a member or authorized representative of a member
	, Signature of a member of authorized representative of a member
_	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
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