11200	W/46339
(Requestor's Name) (Address) (Address)	900253142709
(City/State/Zip/Phone #)	10/28/1301033014 ** 55.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	TILED 2013 OCT 28 PH 3: 28 SECRETARY OF STATE TALE PHASSEE FLORIDA
	OCT 29 2013 T CLINE
Office Use Only	

TO: **Registration Section** . مەر **Division of Corporations** Miracle Jewelry Exchange, IT LLC Name of Limited Liability Company SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



Enclosed is a check for the following amount:

\$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)

□\$60.00 Filing Fee, Certificate of Status & Certified Copy (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 Méracle Jewelry Exchange I, 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 11/20/12and assigned Florida document number <u>L12000146339</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Miracle Jewelry Exchange West, LLC. 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) U T Enter new mailing address, if applicable: بې (Mailing address MAY BE A POST OFFICE BOX) œ

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:	Warren M. G	bardner
New Registered Office Address:	1012 SW St. L Enter F	lorida street address
	Port St. Lucie Cin:	, Florida <u>34986</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

Page 1 of 3

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

MGR = Manager MGRM = Managing Member

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<u>Title</u>	Name	Address	Type of Action
MGRM	James Durante Jr.	1012 SW St. Lucic West Blud	Add
		Abort St. Lucie, IFL 34980	Remove
MORM	Susan Durante	1012 DW St. Lucie West Blu	d Add
		Port St. Lucie, FL 34986	Remove
			-
MGRM	Warren M. Gardner	1012 SW St-Lucie West Bli	Add
		Port St. Lucie, FC 34986	
		() 11 11 11 11 11	
MORM	Alana A. Polega	1012 SW St. Lucie Nost Bli	Add
		Port St. Lucie, FL 34986	
			-
			Add
			Remove
			-
			Add
			Remove



D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	Oct 24th . 2013
	Signature of a member or authorized representative of a member
	Warren M. Gaudner Typed or printed name of signee
	Page 3 of 3

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Filing Fee: \$25.00

SECRETARY OF STATE TALLAHASSEELF LORIDA 2013 OCT 28 PM 3: 28