14000009979

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	tration Secton on of Corp				
T SUBJECT.	& A JEWE	ELRY LLC			
SUBJECT:	-	Name of Lim	ited Liability Company		
The enclosed A	articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return al	ll correspon	dence concerning this matter	to the following:		
		TAMIR ALMEKIES			
			Name of Person		
		T & A JEWELRY LLC			
			Firm/Company		
		2500 NORTH UNIVERSI	TY DRIVE SUITE I		
			Address		
		SUNRISE, FL 33322			
			City/State and Zip Code	 _	
		TAMIR_ALMEKIES@HO			
For Contraction to Co			to be used for future annual	report notification)
		ncerning this matter, please c			
TAMIR ALM	EKIES		at ()	6-6693	
	Name of	Person	Area Code	Daytime Telepl	none Number
Enclosed is a c	heck for the	following amount:			
\$25.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is end		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registrat Division P.O. Box	NG ADDRESS: tion Section of Corporations 6 6327 see, FL 32314	Registrat Division Clifton E 2661 Exc	I/COURIER AI tion Section of Corporations Building ecutive Center Ci	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Li</u> (A FI	lability Company as it now appears on our records.) lorida Limited Liability Company)
the Articles of Organization for this Limited Liabili lorida document number L14000009979	ity Company were filed on 1/17/2014 and assigned and assigned
his amendment is submitted to amend the following	ng:
a. If amending name, enter the new name of the	limited liability company here:
JB JEWELRY LLC	
he new name must be distinguishable and contain 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 AL	DDRESS)
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX	<u> </u>
3. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the address here:
Name of New Registered Agent:	
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
	Enter Florida street address , Florida City Zip Code

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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	ALBERT ELMAKIAS	10593 NW 53 ST	Add
		SUNRISE, FL 33351	Remove
			☐ Change
			Add
			☐ Remove
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ective date, if other than n effective date is listed, the dat	the date of filing: _ e must be specific and cal	nnot be prior to date of	filing or more than 90	(optional) days after filing.	Pursuant to 605	5.020
te: If the date inserted in th	nis block does not mee	t the applicable statu	tory filing requirer	nents, this date	will not be list	ed a
	ne Department of State	e s records.				
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