440015401

iestor's Name)	
ess)	ung septembris
ess)	
State/Zip/Phon	ne #)
☐ WAIT	MAIL
ness Entity Na	me)
ıment Number)
Certificate	s of Status
ling Officer:	
	ess) ess) State/Zip/Phor WAIT ness Entity Na

Office Use Only



900268119699

01/15/15--01006--019 **25.00

TALLARY OF STATE
SECRETARY OF STATE
ANALYSIS OF STATE

JAN 2 9 2015 S. YOUNG **COVER LETTER**

TO: Registration Sec Division of Corp	tion orations	•	
SUBJECT:	Harr Je	veles, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Shari Mi	Zrahi	
	Harr J	Name of Person	· · · · · · · · · · · · · · · · · · ·
	212 E.	Firm/Company HillSHON BlVd 4	4 48
	Deer Re	Address Black/Flak	CIDA 33441
		City/State and Zip Code M/Z I W QMail to be used for future annual report notifice	
For further information co	ncerning this matter, please ca	all:	30 3
Shar	i Mizah	at 561	elephone Number
Name of Englosed is a check for the		Area Code Daytime 1	elephone Number
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

TO ARTICLES OF ORGANIZATION OF

Starr J	ewelers, LLC	・ ン
(Name of the Limited Liabili (A Florid	ty Company as it now appears on ou a Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L 140001754</u> C	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim Harr Fashion E The new name must be distinguishable and end with the words "Li	nterposes LL	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	, , , , , , , , , , , , , , , , , , ,	
(Principal office address MUST BE A STREET ADDI	RESS)	70 7
Enter new mailing address, if applicable:		100 1 THE SECOND
(Mailing address MAY BE A POST OFFICE BOX)		3 2 0
D. If any district the second		95 4
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	
	City	, Florida 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

Authorized Michibel being added of Temoved from our records.

MGR = Ma AMBR = Au	nager thorized Member	·	
<u>Title</u>	Name	Address	Type of Action
MAR	Shari Mizzahi - Tenancy	310 SW 16 8. Boca Reton, FC 33432	
1	1	Boca Reton, FC 35432	Remove
Marm	Shari Mizahi-Tenane	212 E. HILLSBORD BUD) [] Add
		4498	□ Remove
		Deerfield Brach, FC 3	3441
		A C C C C C C C C C C C C C C C C C C C	Remove
			Remove
		73 (a ====
		300	☐ Remove
			A Kelilove
·			Add
			🗆 Remove
			□ Add
			U Add
			☐ Remove

	CHANGE	· · · · · · · · · · · · · · · · · · ·	MGRM:	4RDM	
		 			
The effective	date, if other than the date must be specific, ca	annot be prior to date of rec	ceipt or filed date and canno	ot be more than 90 da	otional) ys after
the date this Dated	s document is filed by the	Florida Department of Sta	te) 07:5		
		Dru M	inral		
	. •	Signature of a member	r or authorized representati	ve of a member	and a sub-
	<u>SHARI</u>	MILLAND		 	<u> </u>
	<u>SHARI</u>	Typed	or printed name of signee		5 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Page 3 of 3

Filing Fee: \$25.00