15000000164

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	o #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
,		

Office Use Only



000273317680

06/04/15--01012--002 **30.00

2015 JUN -5 D 2: 4.1
SECRETARY OF STATE

JUN 08 2015 BRUCE

COVER LETTER

ction porations			
om Jewelry LLC			
Name of Lim	ited Liability Company		_
	_		
Kyungmi Kim			
	Name of Person		
Kay's Custom Jewelry LLC			
	Firm/Company		
10401 NW 8th St.			
	Address	10.000000000000000000000000000000000000	
Pembroke Pines, FL 33026	;		
info@emnirecustomiewelry	City/State and Zip Code		2015 SEC SEC
		eport notification)	JUN AHA
oncerning this matter, please ca	all:		-5 ARY 0 SSEE
		-2626	OF S
f Person	Area Code	Daytime Telephone Nun	nberrok E
e following amount:			
■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certifosed) Certif	D Filing Fee, ficate of Status & fied Copy ional copy is enclosed)
	Amendment and fee(s) are sub- ndence concerning this matter Kyungmi Kim Kay's Custom Jewelry LLC 10401 NW 8th St. Pembroke Pines, FL 33026 info@empirecustomjewelry E-mail address: (concerning this matter, please cancerning this matter please	Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Kyungmi Kim Name of Person Kay's Custom Jewelry LLC Firm/Company 10401 NW 8th St. Address Pembroke Pines, FL 33026 City/State and Zip Code info@empirecustomjewelry.com E-mail address: (to be used for future annual reconcerning this matter, please call: Area Code Ferson at (Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Kyungmi Kim Name of Person Kay's Custom Jewelry LLC Firm/Company 10401 NW 8th St. Address Pembroke Pines, FL 33026 City/State and Zip Code info@empirecustomjewelry.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: 1954 at (

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

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	gned
The same of the sa	gned
Florida document number L15000000164 and assi	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Empire Jewelry LLC The 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 ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the flame of the	
A. If amending name, enter the new name of the limited liability company here:	
Empire Jewelry LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL	C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	of the no
Name of New Registered Agent:	
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 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 **Title** <u>Name</u> **Address Type of Action** □ Add □ Remove □ Change □ Add _□ Remove _□ Change _ Add ☐ Remove ☐ Change U Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

							· · · ·
							
-							
				- 11			
							
					₹	~3	
					ECR	2015	4000
					TARY ASSE	क	
					E OF	ס	m
					STA)	2	O
ective date, if other than the c	late of filing:			(0	ptional)	=	
effective date is listed, the date must te: If the date inserted in this blo- ument's effective date on the De	ck does not me	et the applical	o date of filing or i ble statutory filin	nore than 90 days ng requirements,	after filing. , this date) Pursuan will not	t to 605.020 be listed a
record specifies a delayed he 90th day after the reco		te, but not	an effective	time, at 12:0)1 a.m.	on the	earlier o
ed May 21st	· ,	2015	_•				
lle	silu	i	ized representativ				
Δ	fignature of a me	mber or author	izea representany	e of a member			

Page 3 of 3

Filing Fee: \$25.00