L16000040543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
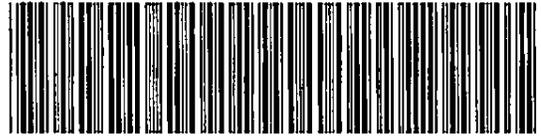
(Business Entity Name)

(Document Number)

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AUG 1 4 2017

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COVER LETTER

TO: ,Registration Section
Division of Corporations

SUBJECT: _____ Edwin ~~Amorato~~ Jewelry Designs LLC
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:

_____ Jose Ernesto BalMarecia
Name of Person

_____
Firm/Company

_____ 2930 Flagler Avenue
Address

_____ Key west Fl 33040
City/State and Zip Code

_____ barmar3le att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ Barbara (wife) _____ at (305) 394-4178
Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

☒ $25.00 Filing Fee   ☐ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee.
                         Certificate of Status   Certified Copy   Certificate of Status &
                                                   (additional copy is enclosed)   Certified Copy
                                                                            (additional copy is enclosed)

MAILING ADDRESS: STREET/COURIER ADDRESS:
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, Fl. 32314   2661 Executive Center Circle
                                    Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

_____Edwin jewelry designs 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 _February 26, 2016_ and assigned

Florida document number _L16000040543_

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

_____JosE ernesto Balmaceda jewelry designs 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: _2930 Flagler Avenue_

(Principal office address MUST BE A STREET ADDRESS) _Key West Fl 33040_

Enter new mailing address, if applicable: _2930 Flagler Avenue_

(Mailing address MAY BE A POST OFFICE BOX) _Key West Fl 33040_

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: _Jose ernesto Balmaceda_

New Registered Office Address: _2930 Flagler Avenue Key West Fl_

Enter Florida street address

Key West , Florida _33040_

City | 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.

_____signature_____

If Changing Registered Agent, **Signature of New Registered Agent**

Page 1 of 3

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Edwin A Medrano	7708 Ravenna Avenue orlando Fl 32819	☐ Add
			☒ Remove
			☐ Change
AMBR	Jose Ernesto Balmaceda	2930 Flagler Ave Key west Fl 33040	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

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| **E. Effective date, if other than the date of filing:** _____ **(optional)**
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated _____ . _____ .

_____
Signature of a member or authorized representative of a member

ErNESTO Balmaceda.
Typed or printed name of signee

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Filing Fee: $25.00