

L17000159408

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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2017 AUG 7 16
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D. SCOTT
AUG 7 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blague Jewels 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:

Armond Johnson
Name of Person

Blague Jewels LLC
Firm/Company

560 NW 195 Terrace
Address

Miami, Florida 33169
City/State and Zip Code

ArmondJohnson@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Armond Johnson at (786) 547-0012
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

Blague Jewels 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 07.26.2017 and assigned Florida document number L17000159408

This amendment is submitted to amend the following:

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

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 name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	Jason E. Andrew	304 Charles Street	<input checked="" type="checkbox"/> Add
		Apt 20 Newport News	<input type="checkbox"/> Remove
		Va 23608	<input type="checkbox"/> Change
CEO	Jason Andrews	560 NW 195 Terrace	<input type="checkbox"/> Add
		Miami FL 33169	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Armond P Johnson	560 NW 195 Terr-	<input checked="" type="checkbox"/> Add
		ace Miami FL	<input type="checkbox"/> Remove
		33169	<input type="checkbox"/> Change
CEO	Armond Johnson	560 NW 195 Terr-	<input type="checkbox"/> Add
		ace Miami FL	<input checked="" type="checkbox"/> Remove
		33169	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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)

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

08-01. 2017.

Signature of a member or authorized representative of a member

Armond Johnson
Typed or printed name of signee