

L18 000 115 718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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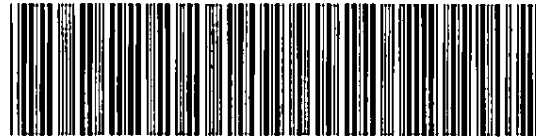
(Business Entity Name)

(Document Number)

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2019 AUG 21 PM 12:26

SEVENTH JUDICIAL CIRCUIT  
TALLAHASSEE, FL

AUG 29 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DON DINERO JEWELRY 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:

GUILLERMO MIRALLES

\_\_\_\_\_  
Name of Person

DON DINERO JEWELRY LLC

\_\_\_\_\_  
Firm/Company

11455 SW 40TH ST. SUITE # 208

\_\_\_\_\_  
Address

MIAMI FL 33165

\_\_\_\_\_  
City/State and Zip Code

GUILLERMO505@AOL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GUILLERMO MIRALLES

786 286-1825  
\_\_\_\_\_  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

DON DINERO JEWELRY 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 05/08/2018 and assigned  
Florida document number L18000115718.

This amendment is submitted to amend the following:

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

DON DINERO 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)

11455 SW 40TH ST.

SUITE 208

MIAMI FL 33165

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

11455 SW 40TH ST.

SUITE 208

MIAMI FL 33165

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TALLAHASSEE, FL  
SECRETARY OF STATE

**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: \_\_\_\_\_

11455 SW 40TH ST. SUITE 208

Enter Florida street address

MIAMI

City

Florida 33165

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>
MGR	GUILLERMO MIRALLES	11865 SW 26TH ST.	<input type="checkbox"/> Add
		SUITE B3	<input checked="" type="checkbox"/> Remove
		MIAMI FL 33175	<input type="checkbox"/> Change
MGR	GUILLERMO MIRALLES	11455 SW 40TH ST.	<input checked="" type="checkbox"/> Add
		SUITE 208	<input type="checkbox"/> Remove
		MIAMI FL 33165	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**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.

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

GUILLERMO MIRALLES

Typed or printed name of signee