

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000259025 3)))



H180002590253ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC
Account Number : I20160000067
Phone : (407)370-3686
Fax Number : (407)370-3120

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KING OF THE JEWELRY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

SEP - 6 2018

S. PRATHER

RECEIVED
2018 SEP - 5 PM 1:57

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KING OF THE 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:

CAROLINE G LARSON

Name of Person

LARSON ACCOUNTING AND CONSULTING SERVICES

Firm/Company

7901 KINGSPORTE PKWY STE 17

Address

ORLANDO, FL 32819

City/State and Zip Code

CAROL@LARSONACC.COM

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

For further information concerning this matter, please call:

CAROLINE G LARSON

407

3703686

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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

DocuSign Envelope ID: 4BA753E0-FE11-4513-8A41-50838FA43524

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KING OF THE 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 06/25/2018 and assigned
Florida document number L18000155824.

This amendment is submitted to amend the following:

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

KING OF BIJOUX 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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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: ANA KARINE MATOS CARIOCA

New Registered Office Address: 12225 AUGUSTA WOODS CIRCLE

Enter Florida street address

ORLANDO

City

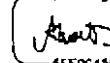
Florida 328249032

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.

DocuSigned by:



5FF0C45FE3C1456

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 48A753E0-FE11-4513-8A41-50838FA43524

If ~~including~~ 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	ANDRE VOLPATO JR	1083 S. HIAWASSEE ROAD 628	<input type="checkbox"/> Add
		ORLANDO, FL 32835	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARCO ANTONIO LUNA PEREIRA	278 AV SAGITARIO APT 26 BL A3	<input checked="" type="checkbox"/> Add
		BARUERI, SP 06473073	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANA KARINE MATOS CARIOCA	12225 AUGUSTA WOODS CIRCLE	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 328249032	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Dated 05/09/2018 08:47:35 PDT, _____,

DocuSigned by:

Signature of a member representative of a member

Marco Antonio

Typed or printed name of signee

Filing Fee: \$25.00

SEP -5 AM 9:27