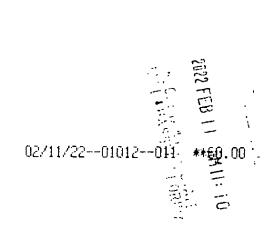
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: <u>し</u> るむ	12 Bracelet Ba Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspor	idence concerning this matter t	o the following:	
	Sandre	Hawkns Name of Person	
	ladyz Brac	elet Bar LLC Firm/Company	
	3876 Julie	t Leiz Circle P	lorth
	Jackson VIII	e FL 32218 City/State and Zip Code	
	237 1976 C	o be used for future annual report notif	ication)
For further information ec	oncerning this matter, please ca	dl:	
Sandre H	Person	at (<u>G OU) TOU-</u> Area Code Daytime	3977 Telephone Number
Enclosed is a check for th	e 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)
<u>Mailing Addres</u>	<u>s:</u>	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327

TO:

Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lady Bracelet Ber Name of the Limited Liability Compa (A Florida Limited)	inv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 18000 16399</u>	were filed on 9112018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liah	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	
The new name must be disting dishable and contain the words "Limited Liabi	lity 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)	3876 Juliet Leia Cir. M. Jux pfl 32218
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as above = =
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
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

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Effective date, fan effective date	if other than the (date of filir	ng:	ior to date of f	ling or more tha	(option 190 days after	nal) filing.) Persuan	t to 605,0207
Note: If the date	inserted in this blo ctive date on the De	ek does not	meet the app	licable statut	ory filing requ	irements, this	date will not	be listed as
eocument s ence	thve date on the De	partification	mate 3 recor	.13.				
e record specifies rd is filed.	s a delayed effective	date, but no	ot an effective	: time, at 12:	01 a.m. on the	earlier of: (b)	The 90th da	av after the
Dated <u>s</u>	2/8/		, 202	<u>:2</u> .				
·	Sano	Signature of a	Louk member or at	M thorized repri	sentative of a n	nember		
	5.300	10° J	1-12. K	'nς	signee			