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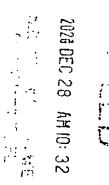
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O SIMMONS FEB 1 2 2021

## **COVER LETTER**

TO: Registration Section Division of Corporations	į .
SUBJECT: TrufiG	of Limited Liability Company  Jewel Ly LLC
The enclosed Articles of Amendment and fee(s) ar	re submitted for filing.
Please return all correspondence concerning this in	natter to the following:
Conso	Jalla Toney Name of Person
3178 H	19h and Grove Drive Address
Oroine	Ge Park FL 32005 City/State and Zip Code
CONS GO	City state and 7.19 Code  Others: (to be used for future annual report notification)
For further information concerning this matter, ple	ease call:
CONSGAILLA TON	Py at 904 403-5344  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of State	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

2	OF 2020 DEC 28 AM 10: 32
TrufIG	Jewelly LLC
(Name of the Limited Liability Co (A Florida Limi	oupany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on AUGUIT 20, 2018 and assigned 550
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	
The new name must be distinguishable and contain the wigos "Lighted I Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, enter the name of the new registered
Name of New Registered Agent:	N/A
New Registered Office Address:	Enter Florida street address
	. Florida

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.

City

Zip Code

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 7028 DEC 28 AH 10: 32

		TOTA DEC 50 MILIO, 25	
<u>Title</u>	<u>Name</u>	Address  Address  Address  Address  Address	Type of Action
<del></del>			□ Add
			□Remove
		Change	
		□Add	
		Remove	
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			□Change
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		□Remove	
			□ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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bling used to sell jewelry.	
	2028 bec
	28
	M 10: 32
	<del></del>
Effective date, if other than the date of filing:	ant to 605.0207 (3 ot be listed as th
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th ord is filed.	day after the
Dated DICINDUTY. 2020	
COMJALLA TOMEY Signature of a member or authorized representative of a member	
CONS 921/12 TONEY Typed or printed name of signee	