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COVER LETTER

TO: Registration S Division of Co			
	ELER DESIGNERS LLC	• • • • • • • • • • • • • • • • • • •	
SUBJECT:	Name of Lin	uited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	FLANKLIN GUZMAN		
	_	Name of Person	
	A & J JEWELER DESIGN	SERS LLC	
		Firm/Company	
	22 NE 1ST STREET 306		
		Address	
	MIAMI FLORIDA 33132		
		City/State and Zip Code	
	-	EWERLERDESIGNER.COM	
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	tification)
LISBETH SOSA		929 346-2020 at ()	
Name o	of Person		me Telephone Number
Enclosed is a check for t	he 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 Addre</u> Registration		Street Address:	antion
Division of C		Registration Se Division of Co	
P.O. Box 632	27	The Centre of	•
Tallahassee,	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

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

VERS.	LLC
	RERS.

(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited I lorida document number $\frac{83-2459610}{1}$	Liability Company	were filed on 11/01/2018	and assigned
his amendment is submitted to amend the fol	llowing:		
. If amending name, enter the new name	of the limited liab	ility company here:	
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	'LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	icable:		
Principal office address MUST BE A STRE.	ET ADDRESS)	22 NE 1ST STREET #306	20 20
	<u></u>	MIAMI FL 33132	
			2 =
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	₹ ROX)		3 8 J
The state of the s	<u> </u>		5
. If amending the registered agent and/or gent and/or the new registered office addre		address on our records, <u>er</u>	nter the name of the new reg
Name of New Registered Agent:	ROMEL GUZI	MAN	
New Registered Office Address:	22 NE IST STI	REET #306	
		Enter Florida street aa	ldress
	MIAMI		. Florida ³³¹³²
		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 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>	Name	Address	Type of Action
AMBR	FRANKLIN GUZMAN	22 NE 1ST ST #306 MIAMI FL 33132	= Add
			□Remove
			□Change
AMBR	Romel Guzman	22 NE 1st ST #306 Miami FI 33132	■ Add
			□Remove
			□Change
		-	□Remove
			Change Change Change Change
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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be: If the date inserted in this block does not meet the cument's effective date on the Department of State's re-	applicable statu	filing or more than 90	_ (optional) days after filing.) Pu ents, this date wil	rsuant to 605, I not be liste
ecord specifies a delayed effective date, but not an effective date.	ctive time, at 12	:01 a.m. on the earli	er of: (b) The 90)th day after
Fahruary 20	<i>(</i>) .			
ted February 20 2020				
Signature of a number of	refl	<i></i>		