

L19 0000 23874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

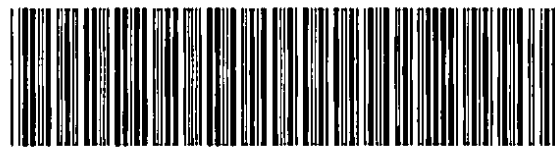
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200330265582

06/03/19--01030 -012 **25.00

FILED
2019 JUN -3 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SULKER

JUN 19 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CREATION JEWELRY 2, 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:

FARAH CRUZ

Name of Person

FAIL SAFE ACCOUNTING LLC

Firm/Company

20 SOUTH ROSE AVENUE, SUITE #4

Address

KISSIMMEE, FLORIDA 34741

City/State and Zip Code

FARAH@FAILSAFETAX.COM

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

For further information concerning this matter, please call:

FARAH CRUZ	407	201-7988
_____	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

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

CREATION JEWELRY 2, 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 01/22/2019 and assigned
Florida document number L19000023874.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(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:

FAIL SAFE ACCOUNTING LLC

New Registered Office Address:

20 SOUTH ROSE AVENUE SUITE #4

Enter Florida street address

KISSIMMEE

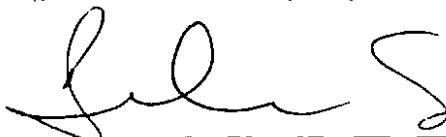
City

Florida 34741

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	JOSE A. ALOMAR	2265 MALLARD CREEK CIRCLE	<input type="checkbox"/> Add
		KISSIMMEE, FLORIDA 34743	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RONNIE LUGO	2573 JASMINE TRACE DR.	<input type="checkbox"/> Add
		KISSIMMEE, FLORIDA 34758	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ENID BELEN LUGO ROCHE	2573 JASMINE TRACE DR.	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FLORIDA 34758	<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

2019 JUN 14 PM 4:14
SEAL OFFICE OF THE
CLERK OF THE CIRCUIT
CLERK OF THE CIRCUIT
CLERK OF THE CIRCUIT

2019 JUN -3 AM 12:42
SECTION 504
MILLARD STREET UNIT A

FILED
2019 JUN -3 AM 11:47
SECOND JAIL
WILLIAMSBURG, VIRGINIA

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 May 28, 2019

Ronnie Lago