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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

	egistration Se ivision of Cor				
SUBJECT	Gems and J	lewels of America LLC			
SOBJECT	Name of Limited Liability Company				
		Amendment and fee(s) are sub-	<u> </u>		
Please retu	m all correspo	ondence concerning this matter	to the following:		
		Bruce Fitell			
			Name of Person		
			Firm/Company		
		P.O. Box 330793			
			Address		
		Miami, Fl 33233			
		btitell@gmail.com	City/State and Zip Code		
For further	· information c	E-mail address: (oncerning this matter, please ea	to be used for future annual report notifi	cation)	
Bruce Fite			305 7732250		
	Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed i	s a check for th	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)	

MAILING ADDRESS:

TO:

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

Gems & Jewels of America, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 02-05-2019	and assigned
Florida document number L19000035825	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
Gems & You, LLC		
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		····
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		2:
3. If amending the registered agent and/or regis registered agent and/or the new registered office add		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	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

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			□ Remove
			☐ Change
			□ Add
		A. C. T.	Remove
			Change
			□ Add
			□ Remove
			Change
			□ Change
	<u> </u>		🗆 Add
			☐ Remove
			☐ Change

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ective date, if other than the	date of filing:		(optional)
effective date is listed, the date mu	st be specific and cannot be prior t ock does not meet the applica	o date of filing or more than 90 ble statutory filing requiren	days after filing.) Pursuant to 605.02 tents, this date will not be listed
record specifies a delaye he 90th day after the rec		an effective time, at	12:01 a.m. on the earlier
ed October 29	2019		
		_ •	
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Typed or printed name of signee

Filing Fee: \$25.00