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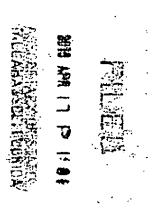
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COVER LETTER

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DIV	ision of Corp	orations		
SUBJECT:	Hot Gems LL	_C		
obuser.		Name of Lin	nited Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return	all correspond	dence concerning this matter	to the following:	
		Jesus R Marquez		1
			Name of Person	
		Hot Gems LLC		
			Firm/Company	
		2134 Andrea Ln Ste D	·	
		·	Address	
		Fort Myers, Fl 33912		
		Hotgemsllc@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further in	formation con	cerning this matter, please c	all:	
Jesus R Marc	quez		239 785-5959 at ()	
	Name of P	erson		Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	iling 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

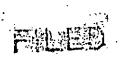
TO:

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



Hot Gems LLC

(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) A Florida Limited Liability Company)	THE AME IT P
The Articles of Organization for this Limited Lial Florida document number 1.19000092385		THE AMERICAN
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company." the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO		
Comming united Intelligence of the Control of the C		·
Name of New Registered Agent:	registered office address on our records, <u>ente</u> ce address here:	er the name of the new
New Registered Office Address:	Enter Florida street address	
	, Florida _	Zip Code
New Registered Agent's Signature, if changing Reg	•	sip orac
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agree to act in this capacity. I further a and complete performance of my duties, and I an red agent as provided for in Chapter 605, F.S. O gistered office address, I hereby confirm that the l	n familiar with and or if this document is

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>	Address	Type of Action
MGR	Heather L Marquez		
		2134 Andrea Ln Ste D. Fort Myers Fl. 33912	
			Remove
			□ Change
MGR	Jesus R Marquez	2134 Andrea Ln Ste D. Fort Myers Fl, 33912	■ Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			D Add
			Remove
			Change
		<u></u>	Add
			□ Remove
			Change
			□ Remove
			☐ Change

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
. Effective date, if other than the date of filing: (optional)	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the poth day after the record is filed.	::
$p_{ated} + 12/20/9$	
Dated 4 /12/2019 X Heather L. Marquez Heather L. Marquez	
Heather L Marquez	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00