## 119000158457

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #;	<u> </u>
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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C. GOLDEN
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## **COVER LETTER**

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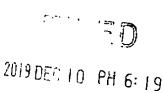
Tallahassee, FL 32303

TO:

Registration Section Division of Corporations

Casa Leon .	Jewelers LLC	·.	
30b3DC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Navija Valladares		
		Name of Person	
	Casa Leon Jewelers LLC		
		Firm/Company	
	1457 Shadwell Cir		
		Address	
	Lake Mary, Florida 32746		
	<del></del>	City/State and Zip Code	
	info@casaleonjewelers.com	ı	
	E-mail address: (	to be used for future annual report not	lification)
For further information c	oncerning this matter, please ca	all:	
Navija Valladares		407 446-9976 at ()	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address: Registration Se	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 632	-	The Centre of	•
Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Casa Leon Jewelers LLC

ompany has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

<del>-</del>	Liability Company were filed on $\frac{06/17}{2}$	/2019 and assigned
Florida document number L19000158457	·	
This amendment is submitted to amend the fo		
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 desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
	r nata	
Mailing address MAY BE A POST OFFICE	<u> </u>	
<u>Mailing address MAY BE A POST OF FICT</u>	<u></u>	
Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or	registered office address on our reco	ords, enter the name of the new register
B. If amending the registered agent and/or	registered office address on our reco	ords, enter the name of the new register
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our reco	ords, enter the name of the new register
B. If amending the registered agent and/or agent and/or the new registered office addr  Name of New Registered Agent:	registered office address on our rece ress here:  Navija Valladares	ords, enter the name of the new register
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our rece ess here:  Navija Valladares  1457 Shadwell Cir	ords, enter the name of the new register
B. If amending the registered agent and/or agent and/or the new registered office addr  Name of New Registered Agent:	Pregistered office address on our receivess here:  Navija Valladares  1457 Shadwell Cir  Enter Florida	

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 eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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
			□Add
			□Remove
			Change
			□Add
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ffective date, if other than the an effective date is listed, the date m	e date of filing:	and a data of Cilian an ana	(optiona	il)
<b>Note:</b> If the date inserted in this b	block does not meet the appl	licable statutory filing	e than 90 days after thi requirements, this da	ite will not be listed as
ocument's effective date on the I	Department of State's record	ds.		
record specifies a delayed effecti d is filed.	ve date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
is med.				
December 6	2019			
Dated	·	·		
$\cap$	. / [ ]			
Mauri	a Mus			
_ Mauj	Signature of a member or au	thorized representative o	f a member	

Filing Fee: \$25.00