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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Amend

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COVER LETTER

| | egistration Sec vision of Corp | | | | | |
|------------------|---|--|---|--|--|--|
| eud iezet | | N JEWELERS LLC . | | | | |
| SUBJECT | : | Name of Lim | ited Liability Company | | | |
| The enclose | ed Articles of A | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please retui | n all correspon | ndence concerning this matter | to the following: | | | |
| | | IVETTE VALLADARES | | | | |
| | | | Name of Person | - | | |
| | | CASA LEON JEWELERS | LLC | | | |
| | Firm/Company | | | | | |
| | 223 WHEELHOUSE LANE SUITE 1101 | | | | | |
| | CASA LEON JEWELERS LLC Firm/Company | | | | | |
| | | LAKE MARY, FL 32746 | | | | |
| | | | City/State and Zip Code | | | |
| | | • | | · · · · · · · · · · · · · · · · · · · | | |
| For further | information co | | • | efication) | | |
| IVETTE V | 'ALLADARE | s | 407 446-9976 at () | | | |
| Name of Person | | | | ne Telephone Number | | |
| Enclosed is | a check for th | ne 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) | | |
| R D | lailing Addres egistration S ivision of C | Section orporations | Street Address: Registration So Division of Co | orporations | | |
| | .O. Box 632 allahassee, I | | The Centre of 2415 N. Monro | oe Street, Suite 810 | | |

Tallahassee, FL 32303

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

| ART | ICLES OF O | RGANIZA | ΓΙΟΝ | | |
|---|---|---|--|--|--|
| | O | F | rs on our records.) 17/2019 and assigned | | |
| | | | | | |
| CASA LEON JEWELERS LLC | | | | | |
| (Name of the Limit | ed Liability Compa: (A Florida Limited L | ny as <mark>it now appea</mark> Liability Company) | rs on our records.) | | |
| | | 04 | 717/2010 | | |
| The Articles of Organization for this Limited L | iability Company | were filed on | and assigned | | |
| Florida document number L19000158457 | · | | | | |
| This amendment is submitted to amend the follo | owing: | | | | |
| | - | | | | |
| A. If amending name, enter the new name o | the limited liabi | ility company h | ere: | | |
| | | . G " | to the state of th | | |
| The new name must be distinguishable and contain the w | ords "Limited Liabii | | | | |
| Enter new principal offices address, if applic | able: | 223 WHEELHOUSE LANE SUITE 1101 | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | LAKE MARY | FL 32746 | | |
| | | | | | |
| | | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 223 WHEELH | OUSE LANE SUITE 1101 | | |
| | | LAKE MARY, FL 32746 | | | |
| | | | | | |
| | | | | | |
| | | address on our | records, <u>enter the name of the new registered</u> | | |
| agent and/or the new registered office addre | <u>ss here</u> : | | | | |
| | IVETTE VALI | ADARES | | | |
| Name of New Registered Agent: | IVETTE VALLADARES | | | | |
| New Registered Office Address: | 223 WHEELHOUSE LANE SUITE 1101 | | | | |
| _ | | Enter Flo | orida street address | | |
| | LAKE MARY | <u> </u> | , Florida 32746 | | |
| | | 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 = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------|--------------------------------|----------------|
| MGR | NAVIJA VALLADARES | 223 WHEELHOUSE LANE SUITE 1101 | |
| | | LAKE MARY, FL 32746 | 🗏 Remove |
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| Effective date, if other than the (If an effective date is listed, the date model: If the date inserted in this document's effective date on the | ist be specific and o block does not me | cannot be prior eet the applica | to date of filing o | r more than 90 day | (optional) ys after filing.) Pur its, this date will | suant to 605.020' not be listed as |
| he record specifies a delaye The 90th day after the re | | ate, but no | t an effectiv | e time, at 12 | :01 a.m. on t | he earlier o |
| MARCH 31 | | 2020 | | | | |
| Dated | , | | · | | | |
| DATA. | 1/5/10 | | | | | |