LZ0000010520

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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2020 JAN 24 PH 12: 22 SECRED STORY OF STORY

Amend

I ALBRITTON

COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Secti Division of Corpo			
SUBJECT: Hou	se of Jewels Name of Lim	Hiami LLC ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Ji	anni Acosta	
		Name of Person	-
		Firm Company	
	13281 N	W 7th Street	
		Address	
	<u> Mami</u>	FL 33182 City State and Zip Code	
	house of je	wels miami @gmo	ul. com
For further information conc	eerning this matter, please ca	ıll:	
Jianni Name of Po	Acost	at (305) 975 Area Code Daytim	3075 e Telephone Number
Enclosed is a check for the t	ollowing 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 Sec Division of Corp		<u>Street Address:</u> Registration Sec Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

House of Jewa		LLC
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on o led Liability Company)	our records.
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 2-0000010520</u> .	any were filed on <u>Ja</u>	nuary 3,2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li		
The new name must be distinguishable and contain the words "Limited Li Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	-N/A-	ation "L.E.C" or the abbreviation "L.E.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- N/A-	2020 J.R.I 21 SELECTION 21
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our record	ds, enter the name of the new registere
Name of New Registered Agent: — NA		
New Registered Office Address:	Enter Florida st	reet address
	City	Florida
	*	•

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.

The Handing 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>	Name	Address	Type of Action
AMBR	Jianni Acosta	13281 NW 7th street	_ ⋛ ∧dd
		Mami FL 33182	Remove Please
			Thange So I
			Remove Please Change Change So I Can Open bank account
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Effecti	ive date, if other than the date of filing:
Note:	ective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
he recor ord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	
	Lu Jut
	Signature of a member or authorized representative of a member
	Jianni Acosta

Filing Fee: \$25.00