## 12000054161

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Amend muchs

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## **COVER LETTER**

Tallahassee, FL 32314

TQ: Registration Se Division of Cor			
RICHES B SUBJECT:	Y JEWELRY LLC		
SUBJECT.	Name of Lin	ited Liability Company	-
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ISABELA DOS SANTOS		
		Name of Person	
		Firm/Company	
	14555 CRESTED PLUME	E DR	Telephone Number  \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
		Address	
	WINTER GARDEN FL 3	4787	
	<del></del>	City/State and Zip Code	
	JULIANAMGAVIAO@HC		<del>x </del>
	•	to be used for future annual report noti	tication)
For further information c	oncerning this matter, please c	all:	
JULIANA KARFITSAS		321 4365110 at()	
Name o	f Person		e Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Address		Street Address:	
Registration S		Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RICHES BY JEWELRY LLC	20, 8 7
(Name of the Limited Liability Compa (A Florida Limited I	~`````
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.20000054161}{1.0000054161}$ .	were filed on 02/17/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
RICHES JEWELRY LLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	9088 OUTLOOK ROCK TRAIL
(Principal office address MUST BE A STREET ADDRESS)	WINDERMERE FL 34786
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	9088 OUTLOOK ROCK TRAIL WINDERMERE FL 34896
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: SAME	——————————————————————————————————————
New Registered Office Address:	Enter Florida street address
	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.

City

Zip Code

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>	<u>Address</u>	Type of Action
AMBR	ISABELA DOS SANTOS	9088 OUTLOOK ROCK TRAIL	□ Add
		WINDERMERE FL 34876	□Remove
			□ Remove
			Change
		****	□Add
			Remove
			Change
	<del></del>		□Add
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			Remove
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			Changa

CHAN	NGE NAME, ADDRESS AND AMBR ADDRESS	
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ocument s t	effective date on the Department of State's records.	
record spec I is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
i is fried.		
APRI	L 16 / 2020	
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<u></u>	Signatura of a morting doubt for d	
	Signature of a member of authorized representative of a member	

Filing Fee: \$25.00