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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	aleidoscope.	Jewelry Desigr	LLC
Sonsect.	Name of Lim	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:	
	Deloo	rah L. Green Name of Person	<u>e</u>
		cape Jewelry Firm/Company	
	6711 Nor	thampton Pla	ice
	Bradente	on FL 34207	ign@gnail.com
	Kaleidos C	ofe Jewelry des	sign@gnail.com
For further information e	oncerning this matter, please ca	all:	
	Greene	at (702) 622 Area Code Daytim	5957 C Telephone Number
Enclosed is a check for the	ne following amount:		
9-\$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 S	Section	Street Address: Registration Sec	
Division of C P.O. Box 632		Division of Con The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kaleidoscope Jewel	ry Design LLC
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) by Company)
The Articles of Organization for this Limited Liability Company were Florida document number 1200 500 5 660	filed on February 19, 2020 and assigned
This amendment is submitted to amend the following:	
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 Co	mpany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2
(Principal office address MUST BE A STREET ADDRESS)	
<u> </u>	<u> 🤋 т</u>
	23
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	ess on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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

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>	<u>Address</u>	Type of Action
MGR	Deborah L. Gre	ene 6711 North	amptonPl. xada
		Bradenton	FL 34207 Remove
			□Change
AMBR	Christopher J.G	reene 6711 North Bradenton F	rampton Pl. Dans
		Bradenton F	
			D2D Change
			No VI
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			□Change
			□ Add
			Remove
			Change
			□Remove
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			Change

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ective date, if other	r than the date of filing:		(optio	nal)
e: If the date insert	, the date must be specific and canned in this block does not meet	the applicable statutory t	or more than 90 days after iling requirements, this	filing.) Pursuant to 605.020 date will not be listed a
ument's effective da	ate on the Department of State'	s records.		
cord specifies a dela	yed effective date, but not an e	ffective time, at 12:01 a.	m. on the earlier of: (b)	The 90th day after the
s filed.				•
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}	Telrorah XU	ClMU er or authorized representa		
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