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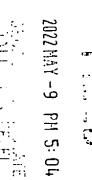
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COVER LETTER

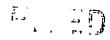
	ation Sec n of Corp			,	,
		KIE LLC			
SUBJECT:		Name of Limit	ed Liability Company		
The enclosed Ar	ticles of A	Amendment and fec(s) are subn	nitted for filing.		
Please return all	correspor	ndence concerning this matter t	o the following:		
		Jade M. Rymer			
			Name of Person		
		Jewel Junkie LLC			
			Firm/Company		
		7351 W Oakland Park Blvd	, Ste 101		
			Address		
		Lauderhill, FL 33319			
			City/State and Zip Code		
		JADE@SEEDTIMEACADI	EMY.COM o be used for future annual	report notificati	ion)
For further info	rmation co	oncerning this matter, please ca		·	
Jade M Rymer			954 74	8-9744	
	Name of	f Person	Area Code	Daytime Te	lephone Number
Enclosed is a ch	neck for th	ne following amount:			
≡ \$25.00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Addres		Street A	ddress: ration Section	งก
•	stration S sion of C	Section Corporations	Divisio	n of Corpor	rations
	Box 632		The Ce	entre of Tail	ahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



JEWEL JUNKIE LLC

2022 MAY -9 PM 5: 04

(Name of the Lin	ited Liability Compa (A Florida Limited	iny as it now appears on our reco Liability Company)	rds.) Sala, 1975
The Articles of Organization for this Limited	Liability Company	were filed on <u>5/15/2020</u>	and assigned
Florida document number 1.20000132328	·		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	ollity company here:	
MIA'S PIECES LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	NA	
(Principal office address MUST BE A STRE	ET ADDRESS)		
			
Enter new mailing address, if applicable:		NA	
(Mailing address MAY BE A POST OFFICE	E POVI	NA	.
Maining dadress MAT BE A FOST OFFICE	<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office addr Name of New Registered Agent:		address on our records, ente	r the name of the new registered
New Registered Office Address:	NA		
Light Head Since Hadress.		Enter Florida street addr	ess
	NA	. F	lorida ^{NA}
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the proaccept the obligations of my position as regbeing filed to merely reflect a change in the company has been notified in writing of this	per and complete gistered agent as _l e registered office	performance of my duties, a provided for in Chapter 605	and I am familiar with and , F.S. Or, if this document is
	If Chai	nging 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
			Remove
			☐ Change
			□Add
			□Remove
			☐ Change
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Filing Fee: \$25.00