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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
Day ton a majoritary	VELRY LLC		
SUBJECT:	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:	
	MARICEE CORREA		
		Name of Person	
	***	Firm/Company	
	2114 NW 27 ST	Name of Limited Liability Company  dment and fee(s) are submitted for filing.  e concerning this matter to the following:  IARICEE CORREA  Name of Person  Firm/Company  II4 NW 27 ST  Address  IIAMI, FL 33142  City/State and Zip Code  NAJEWELRY20@gmail.com  E-mail address: (to be used for future annual report notification)  ning this matter, please call:  at (	
		Address	
	MIAMI, FL 33142		
	MINAJEWELRY20@gmai	•	
For further information of	concerning this matter, please co	all:	
MARICEE CORREA			
Name o	t Person		one Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporation The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230	ssee et, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1.31. 127 1/12:52

MINA JEWELRY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L20000216516		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company." the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Production of the production o		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:		s, enter the name of the new registered
New Registered Office Address:		
	Enter Florida stre	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	chy	Lip Conc
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my di provided for in Chapte	uties, and I am familiar with and er 605, F.S. Or, if this document is

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 Confirmation Day 2: 12	Type of Action
AMBR	ANGEL Y. GONZALEZ	2114 NW 27 ST	□Add
		MIAMI, FL 33142	■Remove
			□Change
			□Add
			🗆 Remove
			☐ Change
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Filing Fee: \$25.00

Typed or printed name of signee