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## **COVER LETTER**

TO: ' Rep Div	gistration Se vision of Col		<b>.</b>	
CLIDITECT.		LIAN JEWELRY, LLC.		
SUBJECT:		Name of Lim	ited Liability Company	
The encloses	d Articles of	Amendment and fee(s) are sub	witted for filing	
		ondence concerning this matter	_	
		MARIA F SARMIENTO		
		<del></del>	Name of Person	
			Firm/Company	
		8540 NW 193 LN		
		MIAMI FL 33015	Address	
			City/State and Zip Code	
		majaitalianjewelry@gmail.	com to be used for future annual report notification)	<del></del>
For further i	nformation c	oncerning this matter, please c	·	
CLAUDIA	MILLAN		786 327-0118	
	Name o	f Person	Area Code Daytime Telephone	Number
Enclosed is:	a check for t	he following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status Certified Copy additional copy is enclose
Re Di P.(	egistration Segistration Segistration Segistration of Co. Box 632	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, Tallahassee, FL 32303	e Fig. 1

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAJA ITALIAN JEWELRY, LLC.				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
the Articles of Organization for this Limited Liability Company lorida document number	were filed on 08/03/2020	and assigned		
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liab	ility company here:			
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."		
nter new principal offices address, if applicable:	8540 NW 193 LN			
Principal office address MUST BE A STREET ADDRESS)	HIALEAH FL 33015			
nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	8540 NW 193 LN			
Julian Buress M. II Mar. 11 001 01 11 CD 1000	HIALEAH FL 33015			
. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		ame of the new regist		
	Enter Florida street address			
	, Florida	Zip Code		

## 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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(If an effective danse) Note: If the c	te, if other than the ate is listed, the date mu- late inserted in this bl ffective date on the D	st be specific an ock does not	d cannot be pr nicet the app	dicable statu			iling.) Pursua		
he record speci ord is filed.	fies a delayed effectiv	e date, but no	t an effective	e time, at 12	01 a.m. on the	e earlier of: (b)	The 90th o	lay after	the
Dated				·			SIS	2024 NOV -	-
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