L20000275350

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ışiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	Registration Se Division of Corp		
		Fine Jewelry Boutique & Gifts, LLC	
SUBJEC	T:	Name of Limited Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are submitted for filing.	
Please ret	urn all correspon	ondence concerning this matter to the following:	
		Susan P. North	
		Name of Person	
		North Star Fine Jewelry Boutique & Gifts, LLC	
		Firm/Company	
		P.O. Box 242300	
		Address	
		Little Rock, AR 72223	
		City/State and Zip Code	
		Susan@agatevemtures.com E-mail address: (to be used for future annual report notification)	
For furthe	er information co	concerning this matter, please call:	
Susan P.	North	501 626-6789 at ()	
	Name of	of Person Area Code Daytime Telephone Number	
Enclosed	is a check for th	he following amount:	
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certificate of Status	Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

North Star Fine Jewelry Boutique & Gifts, LLC

10 10 77 8:50

(A Florida)	Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L20000275350</u>	ompany were filed on September	3, 2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
North Star Fine Jewelry & Gifts Boutique, LLC		<u> </u>
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records,	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		, Florida
	City	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 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
			☐ Remove
			□Change
			□Add
			□ Remove
			□Change
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			□Remove
			☐Change
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ective date, if	other than the dat	e of filing:	or to date of filing or more t	(optional)	int to 605.0207
e: If the date in	nserted in this block (loes not meet the appli	cable statutory filing rec	quirements, this date will no	ot be listed as
ument's effecti	ve date on the Depart	ment of State's record	5.		
cord specifies a	delayed effective dat	e, but not an effective	time, at 12:01 a.m. on the	ne earlier of: (b) The 90th	day after the
s filed.					
October	13	2020			
cd	13,				
	710	m P Nost	th		
*	Sign	ature of a member or aut	horized representative of a	member	

Typed or printed name of signee