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COVER LETTER

Division of Cor	porations			
Farfaille Je	welry, 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:		
	Valentina Castellanos			
		Name of Person		
	Firm/Company 16913 SW 34 CT			
		Address		
	Miramar Fl, 33027			
		City/State and Zip Code		
	valentina2k@hotmail.com			
	E-mail address: (to be used for future annual report notif	ication)	
For further information c	oncerning this matter, please c	all:		
Valentina Castellanos		305 7783477		
Name o	f Person	at () Area Code Daytime	e Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25,00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
		C		

Mailing Address:

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Registration Section

TO:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Farfaille Jewelry, LLC

raname Jewerry, LLC.	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	S T
The Articles of Organization for this Limited Liability Company were filed on 1.20000277198	and Brigned
This amendment is submitted to amend the following:	5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5
A. If amending name, enter the new name of the limited liability company here:	
Farfalle Jewelry, LLC	
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)	
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 on our records, enter the na agent and/or the new registered office address here: Name of New Registered Agent:	me of the new registered
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 a provisions of all statutes relative to the proper and complete performance of my duties, and I am accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. O being filed to merely reflect a change in the registered office address. I hereby confirm that the becompany has been notified in writing of this change.	n familiar with and r, 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	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Change
			□Add
			□Remove
			□ Change
			⊒Add
			□Change

•	
-	
•	
<u> Yote:</u>	ive date, if other than the date of filing:
recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the led.
ated	September 21 2020
	Vallanda
	- UUUVVV
	Signature of a member or authorized representative of a member

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