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A. BUTLER JAN 2 4 2022

COVER LETTER

Division of Corpora	itions		•
SUBJECT: Shop	Tewels Name of Line	Wardrobe LLC ited Liability Company	
The enclosed Articles of Ame	ndment and fee(s) are sub	omitted for filing.	
Please return all corresponden	ice concerning this matter	to the following:	
-	Tewe	Name of Person	
_	Shop Ja	EWELS Wardrobe Fim/Company	uc
-	PO Box	371113 Address	
-	Miami	Florida 33137 City/State and Zip Code Miguel 6 amail. Code to be used for future annual report notificat	
_	Valdezr E-mail address: (mjavel 6 gmail. C	Com ion)
For further information conce	rning this matter, please c	all:	
Jewel Valdez Name of Pers			>8 60 dephone Number
Enclosed is a check for the fol	llowing amount:		
≰\$25,00 Filing Fee	l \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	

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

TO:

Registration Section

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

_ Shop Jewels		<u></u>
(<u>Namdof the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ied Liability Company)	· (*-
The Articles of Organization for this Limited Liability Compa	any were filed on $12 29 2020$ an	d assigned
Florida document number <u>L 21066067673</u> .	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
Shop Lotes honey the new name must be distinguishable and contain the words "Limited Li	_L C	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbreviation	on "L.I. C."
Enter new principal offices address, if applicable:	6909 NW 18 ave	
Principal office address MUST BE A STREET ADDRESS)	1 Miami Florida 3314	7
Enter new mailing address, if applicable:	P.O BOX 371113	
Mailing address MAY BE A POST OFFICE BOX)	Miami FL 33137	
Printing with the Printing of the Printing		
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, enter the name of the	e new registe
	•	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zip C	exte

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
AMBR	Mabel Moreyon	8844 NW 160Ter	= xdd
		Miami Lakes Florida 33018	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
	.		
			□Remove
			□Change
			Петюче
			□Change

If an el Note:	tive date, if other than the date of filing:
	and 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 filed.
rd is f	
	01/09/2022
	01/09/2022
ord is f	01/09/2022 Squature of a member or authorized representative of a member