## L21000030700

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

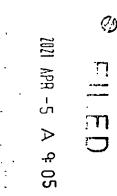
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Oper Fogle Eyl Jewely LCC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Down Forguson  Name of Person
Orrar Eagle Eyt Dewelry UC.
4290 Deste Ct Unit 104
Lake warth FC 33467  City/Slate and Zip Code
E-mail address: (to be used for future annual report potification)
For further information concerning this matter, please call:
Name of Person  at (954) 768-390 (e.g., 168-390 (e.
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:  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 ARTICLES OF ORGANIZATION

(Name of the Dimited Liability Company (A Florida Limited Lia	as it now appears on our recibility Company)	ords.)	
The Articles of Organization for this Limited Liability Company w Florida document number	ere filed on 111312		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "I	.L.C" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:			<del></del>
(Principal office address MUST BE A STREET ADDRESS)		<del></del>	
		<u>.</u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, <u>en</u>	ter the name o	f the new registere
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:			
	Enter Florida street ad	dress	<i>a.</i>
		Florida	
N. D. San J. Land. Similar if sharping Desistand Agents	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		,	-
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties ovided for in Chapter 60	, and I am fa <b>yı</b> 15, F.S. Or, if t	iliar with and his doc <del>y</del> ment is

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 **Type of Action** <u>Address</u> <u>Title</u> Name 3291 W. Sunnise Blud. Add □Change □Change  $\Box$ Add  $\square$ Remove □ Change  $\square$ Add Remove □ Remove □ Change  $\square$ Add Remove

			<del></del>
ective date, if other than the dat effective date is listed, the date must be	te of filing:specific and cannot be prior to da	ite of filing or more than 90 o	(optional) days after filing.) Pursuant to 605.
e: If the date inserted in this block ument's effective date on the Depar	does not meet the applicable	statutory filing requirem	ents, this date will not be liste
ament s erroetive dute on the toepth	Company of State 5 records.		
cord specifies a delayed effective da	ite, but not an effective time,	at 12:01 a.m. on the earli	ier of: (b) The 70th day after
i filed.			5
212-1			> 1 T
:d <u>3/29/202/</u>			9 05
' 			```
	nature of a member or authorized	d representative of a member	3F
_			

## State of Florida Department of State

I certify from the records of this office that OMAR EAGLE EYE JEWELRY LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on January 13, 2021, effective January 13, 2021.

The document number of this company is L21000030700.

I further certify that said company has paid all fees due this office through December 31, 2021, and its status is active.

1 further certify that this is an electronically transmitted certificate authorized by section 15.16. Florida Statutes, and authenticated by the code noted below.

Authentication Code: 210201175226-900356378689#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the First day of February, 2021



