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COVER LETTER

TO: Registration Section

Division of Cor	rporations	•	•		
	HA TROPICAL JEWELRY A	ND HAMMOCK CO LLC	4		
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Artur Pirganoski				
		Name of Person			
	MATLACHA TROPICAJ	JEWELRY AND MATLACHA	HAMMOCK CO LL		
		Firm-Company			
	1628 SW 17Th Ave				
		Address			
	Cape Coral FL				
	 	City/State and Zip Code			
	arturmkd@yahoo.com				
for further information e	E-mail address: (oncerning this matter, please c	to be used for future annual report n all;	otification)		
Artur		239 440-6167			
Name o	d Person	Area Code Dayt	ime Telephone Number		
Enclosed is a check for the	ne following amount:				
≥ S25.00 Filing Fee	☐ \$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 Addres	·e•	<u>Street</u> Address:			
Registration S		Registration Section			
Division of C			Division of Corporations		
P.O. Box 632		The Centre of			
Tallahassee, FL 32314		2415 N. Mon	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MATLACHA TROPICAL JEWELRY AND HAMMOCK CO LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{02/018/2021}{2}$ and assigned Florida document number <u>L21000055497</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MATLACHA TROPICAL JEWELRY AND MATLACHA HAMMOCK CO ELC 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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

_, Florida

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
			
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			Change
			□Remove
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record specifies a delayed is filed.	effective date, but i	iot an effective tir	ne, at 12:01 a.m. on t	the earlier of: (b) The	e 90th day after the
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Filing Fee: \$25.00