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04/19/24--01020--002 **25.00

COVER LETTER

TO: Registration S Division of Co	rporations		•
MARIA &	JOSE JOYERIA LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MARIA DEL ROSARIO	ALEJANDRE	
		Name of Person	
	MARIA & JOSE JOYERI	A LLC	
		Firm/Company	
	12929 NIGHTSHADE PL	ACE	
		Address	
	BRADENTON, FL 34202		
		City/State and Zip Code	
	maserati1665@gmail.com	to be used for future annual report no	tification)
For further information	concerning this matter, please c	•	,
MARIA DEL ROSARI		941 720-5801	
Name	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 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 Addre		Street Address: Registration So Division of Co	
P.O. Box 63	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARIA & JOSE JOYERIA LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our rec ed Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compa	ny were filed on 03/22/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation "I	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 offic agent and/or the new registered office address here:	ce address on our records, <u>en</u>	ter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	0 8	
	Enter Florida street ad	dress
		Florida
	City	ыр Соае

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

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
MR	JOSE L MUNOZ ALEJANDRE SI	12929 NIGHTSHADE PLACE	□Add
		BRADENTON, FL 34202	■Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□ Remove
			Change
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		<u></u>	
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			□Remove
			□ Change

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Maria AlcJandre 4/15 2024 Signature of a member or authorized representative of a member	ted APRIL 4	2024			

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Filing Fee: \$25.00