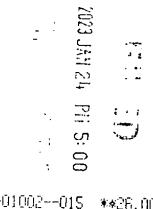
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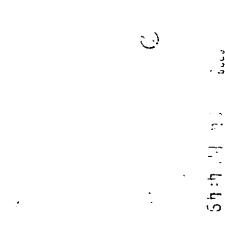
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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cial Instructions to Filing Officer:
Office Use Only



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COVER LETTER

Division of Cor	porations		
JECT: DO	A By Same of Limi	12 LC Ited Liability Company	
enclosed Articles of	Amendment and (ec(s) are sub-	mitted for filing.	
ise return all correspo	ondence concerning this matter	to the following:	
	Julie 50	integration Same of Person	
	Dollad !	Jewelz Fum Company	- L/C
	8772 N	1erseyside Al	Rnue
	John Son V	City/State and Zip Code Code Used for future annual report you	32219 mil. Com
further information c	oncerning this matter, please ca	HI:	
Name o	fPerson Person	at (Daytim	7 (SZ - 836) Telephone Number
losed is a check for th	ne 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

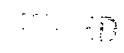
Mailing Address:

Registration Section

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



2023 JAH 24 PH 5: 00

Company as it now appears on our records.) (A Florida Limited Liability Company) 1000215543 ida document number amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." ter new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: 'ailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered ent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida Cin ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability mpany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

tending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added moved from our records:

₹ = Manager

3R = Authorized Member

	<u>Name</u>	Address	Type of Action
1BR	Julie propriete	4200 Inverrary BL	VD□Add
		Apr 3813	FRemove
		Apr 3812 Lauderhill, FL, 3331	<u>G</u> □Change
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etive date, if other than the effective date is listed, the date must inserted in this bloment's effective date on the De	t be specific and cannot be prior ock does not meet the applic	cable statutory filing requir		
ord specifies a delayed effective filed.	e date, but not an effective t	ime, at 12:01 a.m. on the e	arlier of: (b) The 90th day aft	er the
01/23/	2023			
- 1	Signature if a member or auth	orized representative of a mer	nber	
1.15	must re	~~~		
	Typed-y print	ed name of signee		

Filing Fee: \$25.00