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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Jewe		nal Real Estate 1	<u> </u>
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Jewe	Name of Person	
	Jewel Int	ernational heal Firm/Company	Copate UC
	5362 Nus	108th Way	<u></u>
	<u>Coval</u> Spri	Chy/State and Zip Code	
	E-mail address: (to be used for future annual reportmotifi	ail (BM
For further information co	ncerning this matter, please ca	all:	
Jewel John Name of	Sov Person	at (964) 589 Area Code Daytime	- 7338 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S \$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

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

Sewel Internate (Name of the Limited Liabi	ility Company as it now appears on our records ida Limited Liability Company)	<u>·.</u>)		
The Articles of Organization for this Limited Liability Florida document number L200023490	Company were filed on $\frac{512012}{0}$.	LOD and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company here:			
The new name must be distinguishable and contain the words "Li Enter new principal offices address, if applicable:		" or the abbreviation "L.L.C."		
(Principal office address MUST BE A STREET ADE	<u>ORESS)</u>			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter</u> <u>e</u> :	the name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Fl	orida		
New Registered Agent's Signature, if changing Registe	ered Agent:			
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	d complete performance of my unites; and d agent as provided for in Chapter 605, tered office address, I hereby confirm th	F.S. Or, if this document is		

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
MGA	Valrie book	145 SE 3rd Ave Bounton Brach F133435	□Add
	Mosley	DOGNADA BROCK 1133 173	□Remove
			X Change
			□Add
			□ Remove
			Change
MGA	Valrie Brown Moseley	145 SE 3rd Ave Buynton Boach Fl 33 435	7 - ‰ ∖Vdd
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□∧dd
			□Remove
			□Change
			□Add
			□Remove
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effective da te: If the d	te, if other that ate is listed, the da late inserted in t ffective date on	ite must be specifichis block does	ic and cannot not meet the	be prior to dat e applicable :	e of filing or mo	re than 90 days	optional) after filing.) Pu , this date wil	rsuant to 605.020 not be listed a
cord specif i filed.	fies a delayed ef	l'ective date, bu	it not an effe	ective time, a	nt 12:01 a.m. o	n the earlier o	f: (b) The 90	th day after the
18 b	10 1202	\		·				
<u> </u>				T 1 a		\supset		
		Signature	of a member	brauthorized	Teprésentative o	of a member		