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| TO: | | | | | |
|-----------|--|---------------------------------|---|---|---|
| CHRIE | DIMARQU | J EXPRESS, LLC | • . | * | |
| NUBSEN | UI | Name of Lin | nited Liability Company | | |
| | | | <u>-</u> | | |
| | | DAVID RAMIREZ | | | |
| | | | Name of Person | | |
| | Name of Limited Liability Company melosed Articles of Amendment and fee(s) are submitted for filing. e return all correspondence concerning this matter to the following: DAVID RAMIREZ | | | | |
| | DIMARQUI EXPRESS, LLC DIMARQUI EXPRESS, LLC | | | | |
| | | 1612 W WATERS DR | | | |
| | | | Address | == | |
| | | TAMPA, FL 33604 | | | |
| | | Aragonesquintero@hotmai | · | 202 | |
| | | E-mail address: | to be used for future annual report notific | ation) | |
| For furth | ner information co | oncerning this matter, please o | all: | 7021 OCT 25 | , |
| DAVID | RAMIREZ | | | · · · · · · · · · · · · · · · · · · · | |
| | Name of | l'Person | | elephone Number | |
| Enclosed | d is a check for th | ne following amount: | | + - | |
| □ \$25. | .00 Filing Fee | | Certified Copy | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| | Mailing Address | <u>s:</u> | 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

| (<u>Name of the Limited Liab</u> (A Flor | i <mark>lity Compa</mark> ida Limited I | ny as it now appears on Liability Company) | our records.) | | | |
|---|--|---|------------------------|---------------------------------------|------------|----------|
| The Articles of Organization for this Limited Liability Florida document number 1.21000356657 | Company | were filed on $\frac{08/09/2}{}$ | 021 | a | nd assigr | ed |
| This amendment is submitted to amend the following: | | | | | | |
| A. If amending name, enter the new name of the li | mited liab | ility company here: | | | | |
| The new name must be distinguishable and contain the words "I. | imited Liabil | ity Company," the design | nation "LLC" or th | e abbrevia | ion "L.L.C | |
| Enter new principal offices address, if applicable: | | 1612 W WATERS A | AVE | , , , , , , , , , , , , , , , , , , , | 202 | |
| (Principal office address MUST BE A STREET ADDRES | | STE 101B | |) () | 30 | ,-1 |
| | | TAMPA, FL 33604 | | | L/2 1 | • |
| Enter new mailing address, if applicable: | 1612 W WATERS A | AVE | 1 | 5 21 | 7 | |
| (Mailing address MAY BE A POST OFFICE BOX) | | STE 101B | | 11_ | (): | |
| | | TAMPA, FL 33604 | | | ŧ- | |
| B. If amending the registered agent and/or register agent and/or the new registered office address here | | | ds, <u>enter the n</u> | ame of t | he new ro | egister |
| Name of New Registered Agent. | | | | | | |
| New Registered Office Address: 1856 | 18565 OBREGAN DR | | | | | <u>.</u> |
| | | Enter Florida s | treet address | | | |
| SPR | ING HILLS | | , Florida | | | |
| | | City | | Zip | Code | |

New Registered Agent's Signature, it changing Registered Agent.

LUXURY JEWERLY 18K, LLC

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 |
|--------------|-------------------------|---|-----------------|
| AMBR | DAVID RAMIREZ | 18565 OBREGAN DR | ■Add |
| | | SPRING HILLS, FL 34610 | □Remove |
| | | | □ Change |
| AMBR | DANA MAICELA Aragones W | unter 18565 OBREGAN DR | |
| AMBR | | SPRING HILLS, FL 34610 | □Remove |
| | | - · · · · · · · · · · · · · · · · · · · | ≡ Change |
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