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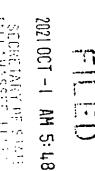
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

Division of Cor			•
SUBJECT: 68E	Capdevila Je Name of Limite	<u>2Wetry</u> LLC	<u> </u>
The enclosed Articles of	Amendment and fee(s) are submi	itted for filing.	
Please return all correspond	ondence concerning this matter to	the following:	
	Eliezen Fla	IZEAN	
		Name of Person	
		Firm/Company	
	6804 Silve	R Bongh Ct.	
	Loupe. f.	/. 32695 City/State and Zip Code	
	E-mail address: (to	be used for future annual report noti	fication)
For further information	concerning this matter, please cal	l:	
Eliezen	Flancan  Flancan	at( <u>813</u> )9 <del>3</del> 8	7-4271 ne Telephone Number
Name	of Person	Area Code Dayum	te 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 Addr Registration Division of P.O. Box 63 Tallahassee	r Section Corporations 327	Street Address: Registration Servision of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 OCT -1 AM 5: 48

GRE Capdevila Jewelly LLC.

SECRETARY OF STATE MALLAHASSEE, FLORE

The Articles of Organization for this Limited Liability Company were filed on 08-31-2021 and assigned Florida document number <u>L21000388496</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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>	<u>.</u>	<u>Address</u>	Type of Action
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If amen	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ce date, if other than the date of filing: (optional)  cive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated .	9/20/21
	Signature of a member or authorized representative of a member
	2 107 PN VINICADO ROMANA  Typed by printed name of signee

- - -

Filing Fee: \$25.00