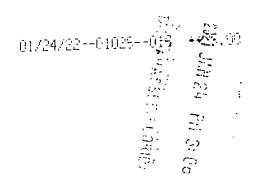
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Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	





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COVER LETTER

Registration Section Division of Corporations

TO:

OUD IF OT		ER JEWELERS LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249.	#220	
		Address	
	HOUSTON, TX, 77064		
		City/State and Zip Code	
	EFILE1234@INCFILE.CO		
	E-mail address: (to be used for future annual report noti	rication)
For further information c	oncerning this matter, please ca	all:	
LOVETTE DOBSON		1 888-462-345	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	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 S Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROADRUNNER JEWEL	ERS LLC
(Name of the Limited Liability Company as (A Florida Limited Liabilit	it now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were Florida document number $\frac{L21000474568}{L21000474568}$	filed on 11/02/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability o	company here:
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "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)	The state of the s
B. If amending the registered agent and/or registered office addreagent and/or the new registered office address here:	ess on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	Cin: Zip Code

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>	<u>Address</u>	Type of Action
AMBR	Abraham Davis Atencio	1525 Zaffer St Nw	
		Palm Bay, FL 32907	
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			□Remove
			Change
		_	Add
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			Remove
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fective date, if other than the one effective date is listed, the date must te: If the date inserted in this blocument's effective date on the De	be specific and cannot be prior to ock does not meet the applicab	date of filing or more than le statutory filing requir	(optional) 90 days after filing.) Purs ements, this date will	suant to 605.0 not be listed
ecord specifies a delayed effective is filed.	date, but not an effective tim	e, at 12:01 a.m. on the e	arlier of: (b) The 90	h day after i
ted	2022)	· .	

Filing Fee: \$25.00