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COVER LETTER

TO:

Registration Section

Division of Cor	porations		,	<i>*</i>
	DLESALE JEWELRY LLC			
SUBJECT:	Name of Lim	ited 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:		
	KENYA BROWN			
		Name of Person		•
	Name of Limited Liability Company icles of Amendment and feets) are submitted for filing. correspondence concerning this matter to the following: KENYA BROWN Name of Person Firms Company 1533 REDBIRD CREEK DRIVE Address JACKSONVILLE, FL 32221 City/State and Zip Code jmhaccounting@yahoo.com E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: Name of Person att 4 Area Code Daytime Telephone Number Seek for the following amount: g Fee Sign.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) E-Address: Registration Section on of Corporations lox 6327 The Centre of Tallahassee	-		
	Section of Corporations Name of Limited Liability Company Inclosed Articles of Amendment and feets) are submitted for filling. Reference of Amendment and feets are submitted for filling. Reference of Person Name of Person			
	Name of Limited Liability Company osed Articles of Amendment and fee(s) are submitted for filing. turn all correspondence concerning this matter to the following: KENYA BROWN Name of Person Firm/Company 1533 REDBIRD CREEK DRIVE Address JACKSONVILLE, FL 32221 City/State and Zip Code jmhaccounting@yahoo.com E-mail address: (to be used for future annual report notification) ser information concerning this matter, please call: A BROWN Name of Person Area Code Daytime Telephone Number J is a check for the following amount: On Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee	-		
	JACKSONVILLE, FL 322	221	. <u>.</u>	_
	imbaccounting@yahoo con	·		
			ilication)	
For further information c	oncerning this matter, please c	all:		
KENYA BROWN				
Name o	f Person	Area Code Daytin	ne Telephone Numbe	г
Enclosed is a check for th	ne following amount:			
■ \$25,00 Filing Fee		Certified Copy	Certifica Certifica	ate of Status & i Copy
			ection	
•		_		
Tallahassee	FI 32314	2415 N. Monro	oe Street. Suite	310

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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K&D WHOLESALE JEWELRY LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 11/09/2021	and assigned
Florida document number L21000483529		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," 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)		
(maining managed my 1 152 17 1 CC 1 CT 1 CC 2 CC 1		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street addres	
	Ci	orida
	City:	orida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is
TCChan	aing 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
MGR	DON R BROWN JR	1533 REDBIRD CREEK DR	ddd
		JACKSONVILLE FL 32221	■Remove
			□Change
			□Add
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Note: If the da	if other than the date of is listed, the date must be specific inserted in this block does etive date on the Department	not meet the applicable	ate of filing or more than 90 da statutory filing requiremen	(optional) ys after filing.) Pursuant to 60 nts, this date will not be lis	5.0207 (ted as (
record specific d is filed.	s ^l a delayed effective date, bu	ut not an effective time,	at 12:01 a.m. on the earlie	r of: (b) The 90th day afte	er the
Dated	ugust 1	202			
	Honila to	$\alpha \alpha \in M$	d representative of a member		

Filing Fee: \$25.00