

K2100051006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

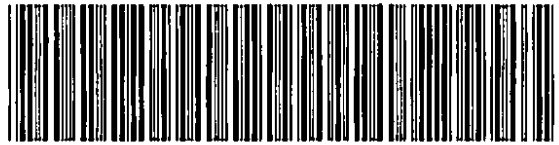
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 APR 25 AM 10:07

T. MATTHEWS

JUN 14 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BLNGS JEWELRY LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Hernandez

Name of Person

BLNGS JEWELRY LLC

Firm/Company

1385 CORAL WAY Suite 403

Address

Miami, FL 33145

City/State and Zip Code

blngsjewelry@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Hernandez

786 6065991
at ()

Name of Person

Area Code

Daytime 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO 22 AR
ARTICLES OF ORGANIZATION
OF

22 APR 25 AM 10: 07

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

Page 1 of 3

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>	<u>Type of Action</u>
AMBR	Mauricio Fernandez	1200 Brickell Bay Drive	<input checked="" type="checkbox"/> Add
		APT 3622	<input type="checkbox"/> Remove
		Miami, FL 33131	<input type="checkbox"/> Change
AMBR	Jose Rosell	1200 Brickell Bay Drive	<input checked="" type="checkbox"/> Add
		APT 3622	<input type="checkbox"/> Remove
		Miami, FL 33131	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated _____, _____

Marta Demaris
Signature of a member or authorized representative of a member

Michael Hernandez

Typed or printed name of signee