## L21000529361

(Re	questor's Name)	
bA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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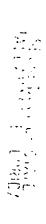
A. RIVERS



40039824186

12/01/22--01004--023 \*\*3





TO: Registration Section Division of Corporations
SUBJECT: MBW ARTISTIC JEWERY LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
BRUCE WANUSS Name of Person
MBW ARTISTIC JEWELRY LLC Finn/Company
4790 SE CHILES CT
STUART FL, 34997  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call;
MOIRA WANLISS at 770 6789996  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

## TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Compa) (A Florida Limited L	TIC JEWELRY LLC  ny as it now appears on our records  uability Company)
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	
HEARTWEAR JEWE The new name must be distinguishable and contain the words "Limited Liability".	ity Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2022 DEC -1 A
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the name of the n
Name of New Registered Agent:	ilA
New Registered Office Address:	Finter Florida street address
	, FloridaZip Code
Now Devictored Agent's Cignature of the size Devictor &	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
l hereby accept the appointment as registered agent and agre	e to act in this capacity. I further agree to com

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wi accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doc being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liabil company has been notified in writing of this change.

or removed	from our records:		
MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	T <sub>2</sub>
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			ПС

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>
E. Effective date, if other than the date of filing:  (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 Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 ed (b) The 90th day after the record is filed.
Dated 11/27 NOVEMBER 27 2022. Brancie
Signature of a member or authorized representative of a member
BRUCE WANLISS Typed or printed name of signee