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SECRETARY OF STATE
TALLAHASSEF FI

AUG 17 2013

COVER LETTER

TO:	Registration Secti Division of Corpo		.s '		
SUBJE	·	Turquo	ise Key L ited Liability Company	J.C	
.50 651		Name of Lim	nited Liability Company	· · · · · · · · · · · · · · · · · · ·	
The en	closed Articles of Ar	mendment and fee(s) are sub	omitted for filing.		
Please	return all correspond	lence concerning this matter	to the following:		
			Anna	Smith	
			Turgerise		
		2614 Tamia			
			Address		
		- Non	City/State and Zip (9103 Code Cicamond:	
		E-mail address: (to be used for future ar	diamond:) (om
For fur	ther information con	cerning this matter, please c	all:		
	Anna Name of P	Smith	at (<u>23</u> G Area Code) 293 - 69 Daytime Telep	hone Number
Enclose	ed is a check for the	following amount:			
□ / s 2	5.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Cop (additional copy) y	\$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Se	ction		et Address:	

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

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

TO

ARTICLES OF ORGANIZATION OF

Turquoise K.	ey uc
(Name of the Limited Liability Compr	tiny as it now appears on our reclibes 13 AN 7: 39
The Articles of Organization for this Limited Liability Company Florida document number 12100533048	_ (0.1, 2.5)
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
VERVE DIAMONDS	LLC
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2614 Tamiami Tr1 N #335
(Principal office address MUST BE A STREET ADDRESS)	2614 Tamiami Tr1 N #335 Naples FL 34163 (same)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(sami)
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registere
Name of New Registered Agent:	(same)
New Registered Office Address:	
	Enter Florida street address
	, Florida
Now Posistand Assess Ct.	City 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

lf amendii <u>or remove</u>	<pre>ig_Autherized Person(s).authorized to d from our records:</pre>		nddress of each person being ad
MGR = 3		(Sûmi)	
<u>Title</u>	<u>Name</u>	Address	Type of Action
	<u> </u>		□ Add
			□Remove
			□Cluange
			□Add
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	 .		□Add
			Петюve
			□Change

Page 2 of 3

C. Effective date, if other than the date of filing:
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 July 10 ,
Signature of a member or authorized representative of a member
Signature of a member or authorized representative of a member A was Simith Typed or printed name of signee

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Filing Fee: \$25.00