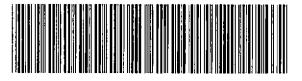
L22000125309

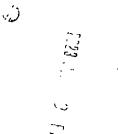
	and the state of	
(Re	questor's Name)	
	ldress)	
(,~0	(di C33)	
(Ad	dress)	
, ·-	,	
(Cit	y/State/Zip/Phone #)	
·		
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	-
(Do	cument Number)	
സ്വിലർ Copies	Certificates o	f Status
Special Instructions to Filin	ng Officer:	
	J. HORN	E
	JAN 10 2	1023 l
	Jr.111 =	

Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

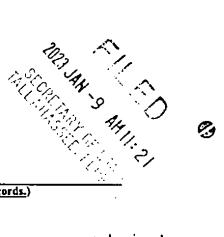
V & Y JEWELRY,	LLC		
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Cianatura		,	Fictitious Owner Search
Signature			Vehicle Search
	_	 _	Driving Record
Requested by:BA	1/00/22		UCC 1 or 3 File
	1/09/23		UCC 11 Search
Name	Date	Time	UCC 11 Retrieval
Walk-In	Will Pick U	р	Courier

COVER LETTER

TO:	Registration Sec Division of Corp			
CUBIC		ELRY, LLC		
SUBJE	U1;	Name of Limi	ted Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		LUIS R. CALDERON		
			Nume of Person	
		BELAIR ACCOUNTING	SERVICES, INC.	
			Firm/Company	
		1627 E. VINE STREET, S	TE 110	
			Address	
		KISSIMMEE, FL 34744		
		 	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		BELAIRBAS@GMAIL.CO	M to be used for future annual report not	(fication)
For furt	her information c	oncerning this matter, please en	·	,
	. CALDERON	,	407 944-9262	
	Name o	f Person	at ()	ne Telephone Number
Enclose	d is a check for th	ne following amount:		
□ \$25	i.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S Division of C	Section	Street Address: Registration Se Division of Co	

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



V & Y 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 Liabilit Florida document number L22000125309	y Company were filed on	03/07/2022	and assigned
This amendment is submitted to amend the following	y:		
A. If amending name, enter the new name of the	limited liability company	here:	
VANESSA ENCHAUTEGUI, LLC			
The new name must be distinguishable and contain the words	Limited Liability Company," th	e designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2		
B. If amending the registered agent and/or registered agent and/or the new registered office address her		r records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter I	Florida street address	
		, Florida	
	Cin	, 1 1011000	Zip Code
New Registered Agent's Signature, if changing Regist	lered Agent:		

I hereby accept the appointment as registered agent and agree to act in this cupacity. 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 fitle, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			IRemove
			□Change
			URemove
			Li Change
			Add
			□Remove
			Change
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mending any vine	ormation, enter change(s) here		•
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fective date, if other the	an the date of filing: JANUAR) Lete must be specific and cannot be prio	7 02, 2023	(optional)
in effective date is listed, the d	ste must be specific and cannot be prious block does not meet the appli-	r to date of filing or more than cable statutory filing requi	optional) 190 days after filing.) Pursuant to 605.020 rements, this date will not be listed a
cument's effective date or	the Department of State's records	ı.	
			P 645 27 004 1 0 4
record specifies a delayed o is filed.	:ffective date, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The 90th day after the
IICH JANUARY 02	, 2023	<u></u> ·	
- I \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
*Vuil	Signature bas member or and	horized representative of a m	ember
VANESSA VAZ	OUEZ		
	Typed or prin	nted name of signee	

Filing Fee: \$25.00