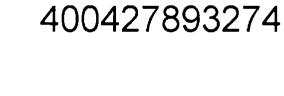


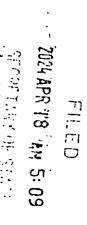
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COVER LETTER

Registration Section Division of Corporations

ŢO:

JOYAS AN	IA LLC		
30b)EC1.	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:	
	ANA GONZALEZ		
		Name of Person	
		Firm/Company	
	4151 TANNERD RD	Adless	u
	HAINES CITY, FL. 33844	Address	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please ca	all:	
ANA GONZALEZ		863 236-8684 at ()	
Name o	f Person	Area Code Daytir	me Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section forporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, F.	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOYAS ANA LLC

(A Florida Limited L	ability Company)	<u>((()</u>	
The Articles of Organization for this Limited Liability Company of Florida document number L222000154950	were filed on 03/30/2022		_ and assigned
riorida document number			
This amendment is submitted to amend the following:		Sea	
A. If amending name, enter the new name of the limited liabil	lity company here:		! 2024 APR
GALENN JEWERLY LLC			AFR.
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	"LLC" or the abbre	viation "E-E.C."
Enter new principal offices address, if applicable:	4151 T Haines Co	annerd-	RAT
(Principal office address MUST BE A STREET ADDRESS)	Haines Ci	ly FL	B13844
		100	9
		₹ 7 (2)	
Enter new mailing address, if applicable:	4151 Ta	nneld	Rd
(Mailing address MAY BE A POST OFFICE BOX)	Haires C:	Ly FL.	33844
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>e</u>	nter the name o	of the new register
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida street a	ddress	
		_, Florida	
	City	_, 1 1011(14	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my dutie rovided for in Chapter (rs, and I am fan 505, F.S. Or, if	ullar with and this document is

If Changing 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
		Remove	
			□Add
			□ Remove
			□Change
		□Add	
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			□Remove
			□Change

			
 			
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Effective date, if other than the date of the date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the appli	o date of filing or more than 90 day ble statutory filing requirement	(optional) s after filing.) Pursuant to 605.0207 (2 s, this date will not be listed as th
ne record specifies a delayed effective ord is filed.	date, but not an effective	ne, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
Dated	2024	<u> </u>	
Adl.		rized representative of a member	
Si	gnature of a member or auti	rized representative of a member	
ANA GONZALEZ			