## L22000/62 905

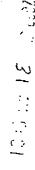
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

FINE JEWELRY AND ANTIQUES LLC SUBJECT: \_ 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: CARL FISHER Name of Person CARL FISHER CPA Firm/Company 9600 W SAMPLE RD #304 Address CORAL SPRINGS, FL 33065 City/State and Zip Code CARL@CARLFISHERCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee **■** \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: **Street Address:** Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## FINE JEWELRY AND ANTIQUES LLC

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w  Florida document number L22000162905	ere filed on 4/5/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here: N/A-
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	. :-
	<u>u</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	₩ 
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:  Name of New Registered Agent:	dress on our records, <u>enter the name of the new registered</u>
New Registered Office Address:	Enter Florida street address
	. Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605. F.S. Or, if this document is
If Changi	ng 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	VIKTORIA GASPARIAN	4001 S. OCEAN DR	<b>=</b> Add
		HOLLYWOOD, FL 33019	Remove
			□Change
MGR	MGR ELEANA POLENOVA	2900 W SAMPLE RD K2021	□Add
		POMPANO BEACH, FL 33076	
			□Change
			<u></u> Remove
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fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filete:  If the date inserted in this block does not meet the applicable statute cument's effective date on the Department of State's records.	(optional) ling or more than 90 days after filing.) Pursuant to 605.02 ory filing requirements, this date will not be listed
ecord specifies a delayed effective date, but not an effective time, at 12:0 is filed.	01 a.m. on the earlier of: (b) The 90th day after th
ned July 24 ,2023.	
anto	