L22000243293

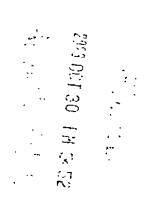
(Requestor's Name)
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PICK-UP WAIT MAIL
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10/30/23--01016--002 ++25.00



A. RIVETO

COVER LETTER

TO: Registration Sec Division of Corp			
SURIECT: 1/	1/15 JEWELS LLC		
30bJEC1	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	LANA	COHET J Name of Person	<u> </u>
	LINGIS JU	ラルビン ひと Firm/Company	
	5025 NM 16	thingy Address	
	Cohen lina	City/State and Zip Code Outlock, Com to be used for future annual report no	lification)
For further information co	oncerning this matter, please ca	all:	
LINA COHEN	Person	at (<u>435</u>) <u>896-</u> Area Code Daytir	2/4/4 ne Telephone Number
Enclosed is a check for the	e following amount:		
X1\$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 radditional copy is enclosed)
Mailing Address Registration S	ection	Street Address: Registration Sc	
Division of Co P.O. Box 6327 Tallahassee, F	1	Division of Co The Centre of 2415 N. Monro	•

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LINGS TELOBISHIE

(Name of the Limited	Liability Compan Florida Limited Li	y as it now appears on or ability Company)	ir records.)		
The Articles of Organization for this Limited Liab Florida document number <u>L2200243293</u>		vere filed on <u>/////</u>	25 &02.2.	and assig	gned
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	he limited liabil	ity company here:			
The new name must be distinguishable and contain the word	Is "Limited Liabilit	y Company," the designat	ion "LLC" or the	abbreviation "L.1.	.C."
Enter new principal offices address, if applicab	le:	5025 NW 16 BOXA RATON, F	15 WAY		
(Principal office address MUST BE A STREET.	ADDRESS)	BOXE RATON, F	E. 33 431		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	5025 NW 16 BOCA RATON, F	<u>EWAY</u> 1. 3343/		
B. If amending the registered agent and/or regi		·		720	
agent and/or the new registered office address b	<u>here</u> :			30	F 5
Name of New Registered Agent:		-INA COHEN		ं कें 	- · · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	5025 NW	1 State WAY		34. K	
	BOGA RAT	- NA COHEN (Stb-WKY Enter Florida stre	ei adaress , Florida _	<i>334</i> 3/	
		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

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>	Address	Type of Action
AMBR	LINA GOMEZ FORTES	5748 ARBOR CLUB WAY, UNIT 2	
		BOCA RATUNI FL. 33433	⊈Remove
			□Change
AMBR_	LING COHEN	5025 NIN 16th WAY	Ç. Add
		BOCA RATON PL. 33431	□Remove
			□Change
*			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lt an eff <u>Note:</u>	ive date, if other than the date of filing:
e recor rd is fil	d 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 ed.
Dated	00708ER 23 . 2023
	Signature of a member or authorized representative of a member
	ingulative of a member of authorized representative of a member

Filing Fee: \$25.00