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(Ad	ldress)	
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COVER LETTER

Registration Section TO: **Division of Corporations**

Ocean Gen SUBJECT:	ns Jewlery & Decor LLC		
SUBJECT.	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	2022
Please return all correspondent	ondence concerning this matter	to the following:	ם: תיי סי
	Kerry Ekberg		2022 SEP - 1 PM 12: 07
	No. of the last of	Name of Person	<u> </u>
	Ocean Gems Jewlery & De	cor LLC	: 07
		Firm/Company	
	600 78th Ave		
		Address	
	St Pete Beach, FL. 33706		
		City/State and Zip Code	
	oceangemsllc@gmail.com		
		to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Kerry Ekberg		727 9463128 at ()	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ocean Gems Jewlery & Decor LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L22000306603 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Ocean Gems Jewelry & Decor LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

n'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
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effective date is listed, the d	ite must be specific and cannot be p	ior to date of filing or more	e than 90 days after filing.) Pu	irsuant to 605.020
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