L22000342666

(Requestor's Name)
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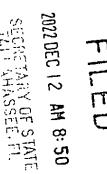
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
42 T 1 T 2 T 1 T 2 7 7 7 7 7 7	er Jewelry LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Laura Joiner		
		Name of Person	
		Firm/Company	
	2886 SW 96th Street		
		Address	
	Stuart, F1, 34997		
		City/State and Zip Code	
	laurajoiner7@gmail.com	to be used for future annual report no	1. Limitura
For further information c	oncerning this matter, please c		инсания)
Laura Joiner		772 708-1740	
Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for the	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		Street Address:	tion
Registration : Division of C		Registration S Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Laura Flower Jewelry LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our reco mited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Cor	npany were filed on August 3, 2022	and assigned
Florida document number L22000342666		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite Milled Manna LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>	
		77. DE 77. C.
Enter new mailing address, if applicable:		C 12 A
(Mailing address MAY BE A POST OFFICE BOX)		
		50 121 131 131 131 131
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street addi	
	, . 	Norida 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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			[] (Thange
			□Remove
			□ Change
		<u> </u>	□Add
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E Chart	ve date, if other than the date of filing: (optional)
Note:	ve date, if other than the date of filing:
docum	
he record	I 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.
he record	ed.
the record ford is file	12/7 2022 Laura Joines
the record ord is file	ed.

Filing Fee: \$25.00