L2200409325

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
☐ PICK-UP ☐ WAIT ☐ M	1AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
M. HORA.	
MAR . I'VE	
MAR YORNE	

Office Use Only



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SECRETARY TAX

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RECEIVE

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EB 28 PH 12:

FLORIDA, CAPITAL COURIER SERVICES, INC. 2330 CLARE DRIVE	C
TALLAHASSEE, FL 32309	
(850) 524-5437	,
(850) 524-6243	
Please use funds from acct: I20210000160 AM AUTHORIZATION:	
Heavenly Crystals Minerals & Gems LLC L	_22000409325
	iment #
Certified Copy of Articles of Organization Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Corp Not for Profit Limited Liability Domestication Other CORP LLLP	_X_AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDIssolutionMergerConversionAmended and restated ArticlesStatement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing Limited Partnership
Fictitious Name	Reinstatement
APOSTILLECountry	Other

EXAMINIER'S INITIALS:____

FLORIDA CAPITAL COURIER SERVICE 2330 CLARE DRIVE	DES. INC
TALLAHASSEE, FL 32309	
(850) 524-5437 (850) 524-6243	
(830) 324-0243	
Please use funds from acet: I2021000016 AUTHORIZATION:	60 AMOUNT:\$25.00
1	
_Heavenly Crystals Minerals & Gems LL Business Name	Document #
Business Name	130cument #
Certified Copy of Articles of Organi	ization
Certificate of Status	ZULIVII
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Corp	X_Amendment
Not for Profit	Resignation of R.A. Officer/E
Limited Liability	Change of Registered Agent
Domestication	DIssolution
Other	Merger
CORP	Conversion
LLLP	Amended and restated Arti
	Statement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATION
Annual Report	Foreign filing
 .	Limited Partnership
· · · · · · · · · · · · · · · · · ·	Reinstatement
Fictitious Name	
	Other
Fictitious NameAPOSTILLE Country	Other

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Heavenly	Crystals Minevall + Name of Wimited Liability Company	Gems, LLC
The enclosed Articles of Amendment and fee	e(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
	Jonathan W. Name of Person	Burch
Heave	nly Crystali Minerall &	f Gems LLC
	Barclay Court Da	
The	Villages, FL.	32163
E-ma	City/State and Zip Code burch Oheaven 44 all address: (to be used for future annual report in	cvistalinet
For further information concerning this matter		
Jonathan Burch Name of Person	at (405) 65 Area Code Days	time Telephone Number
Enclosed is a check for the following amoun	t:	
\$25.00 Filing Fee \$30.00 Filing Certificate of		\$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

C +1.M. 1.1/C

Mame of the Limite	Y YS A IS I I NEVALLE WE A d Liability Company as it now appears on our records. A Florida Limited Liability Company)	ns LLC
The Articles of Organization for this Limited Lia	1 20	~ · · · ·
This amendment is submitted to amend the follow	wing:	20 231 - SCO: - FALLY
A. If amending name, enter the new name of	the limited liability company here:	€B 28
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC"	or the abbreviation L.C.",
Enter new principal offices address, if applica	ble:	- 3
(Principal office address MUST BE A STREET	(ADDRESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or re		he name of the new registered
agent and/or the new registered office address		
Name of New Registered Agent:	Jonathan W.	Burch
New Registered Office Address:	5905 Baychy C. Enter Florida street address	<i>t</i> ,
	The Villages. Flo	rida FL 32/63 Zip Code
	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
Mar	Jonathan W. Burch	5905 Barday Ct. FL32	/// <u>//</u> ØAdd
			□Remove
			□Change
MGR	Janice K. Burch		
		5905 Parclay (4. F1 32)	<u>//S</u> BRemove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Charge

III C	nding any other information, enter change(s) here: (Attach additional sheets. if necessary.)
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i effe <u>te:</u>	we date, if other than the date of filing:
cord s file	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 thed.
ed_	2-23-2123, 2023. ganéce 3-uch Signature of a member or authorized representative of a member
	ganice Buch
	Signature of a member or authorized representative of a member

mur m eagle