



**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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TO: DIVISION OF CORPORATIONS, 605 N. GULF BLVD., SUITE 200, TAMPA, FL 33602-2700, TEL: (850) 617-6383, FAX: (850) 617-6383

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC  
Account Number : I20240000004  
Phone : (775)329-7721  
Fax Number : (775)376-9207

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: lucascolon13@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
THE PREMIUM JEWELRY COMPANY, LLC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

FILED  
2024 JUN 17 AM 11:48  
STATE OF FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**THE PREMIUM JEWELRY COMPANY, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/21/22 and assigned  
Florida document number L22000413782

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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)

**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 Office Address:

*Enter Florida street address*

Florida

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	DEVANTE STARKS	1670 WELLS RD STE 112	<input checked="" type="checkbox"/> Add
		ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lucas Colon	1670 Wells Rd Ste 112	<input checked="" type="checkbox"/> Add
		Orange Park, FL 32073	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Brian Starks	1670 Wells Rd Ste 112	<input checked="" type="checkbox"/> Add
		Orange Park, FL 32073	<input type="checkbox"/> Remove
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Dated 6/5/2024

Lee Ch

Signature of a member or authorized representative of a member

Lucas Colon

Typed or printed name of signee