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COVER LETTER

TO: Registration 9 Division of Co			
SUBJECT:	The Premium Jeweln	y Company LLC	
SOBJECT.		ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
		Devante Starks	
		Name of Person	
	The P	remium Jewelry C	ompany LLC
		Firm/Company	
	50	N Laura St, Ste 2	500
		Address	·
	Ja	acksonville FL 322	202
		City/State and Zip Code	
		miumjewelrycomp	
Confirmle on information		to be used for future annual	report notification)
roi tutnet information	concerning this matter, please of	dII.	
Devan	te Starks	at (323_)	215- 7008
Name	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for	the following amount:		
⊠ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee of Certified Copy (additional copy is enc	Certificate of Status &
<u>Mailing Addi</u> Registration		<u>Street Ac</u> Registr	ddress: ation Section
Registration Section Division of Corporations		-	n of Corporations
P.O. Box 6.			ntre of Tallahassee
Tallahassee	. FL 32314	2415 N	. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Premium Jewelry Company LL	2870 m.,
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of L22000413782	were filed on9/21/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company." the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	50 N Laura St, Ste 2500
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville FL 32202
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	50 N Laura St, Ste 2500 Jacksonville FL 32202
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	Cuv Zin 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 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
MGR	Lucas Colon	1670 WELLS RD STE 112	□Add
		ORANGE PARK, FL 32073	⊠Remove
			□Change
MGR	SPARKS, BRIAN	1670 WELLS RD STE 112	
		ORANGE PARK, FL 32073	<u>⊠</u> Remove
			□Change
MGR	Devante Starks	50 N Laura St, Ste 2500	X ìAdd
		Jacksonville FL 32202	□Remove
			□Change
			□Add
			□Remove
		<u> </u>	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

-	
s effective d <u>te:</u> If the o	te, if other than the date of filing:
ecord speci s filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	June 30 7/1 21, 2024
	1 D. Str
_	Signature of a member or authorized representative of a member
	Davis was Objective
	Devante Starks Typed or printed name of signee