L22000431192

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COVER LETTER

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TO: Registration Sec Division of Corp			
SUBJECT: Upc	xale Jewel	ry LLC	
 	Name of Lim	ited Hiability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Tha	Name of Person	
	Lux Body	CONTOURING LLC	
		Address	2021 JAN SECRETA
	Operale J E-mail address:	City/State and Zip Code Cwelry (a) hot motor to be used for future annual report notifications.	1. COP 1
For further information co	oncerning this matter, please ca	all:	- F5
Thalia Name of	Janes Person	at () Area Code Daytime Tel	lephone Number
Enclosed is a check for the	e 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 S Division of Co	ection	Street Address: Registration Section Division of Corpora	
P.O. Box 632° Tallahassee, F	7	The Centre of Talla 2415 N. Monroe St	ahassee
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Company (A Florida Limited Ma	as it now appears on our records.)
(A Florida Limited Ma	bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number 220043192.	ere filed on 10/06/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name shust be distinguishable and contain the words Limited Liability	Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	A)/As===================================
Enter new mailing address, if applicable:	一
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is
If Changi	ng 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
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	1/1		□Remove
			□Change
			□Add
			□Remove
			SECRETARY SECRETARY
			ORemove Change
			□Add
			□Remove
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ective date, if other	than the date of fil	ing:			(opt	ional)
n effective date is listed, the	he date must be specific	and cannot be			90 days afte	r filing.) Pursuant to 605.02 is date will not be listed
cument's effective date						
scord enacifies a delaye	ad affactive data hut i	not an affact	ive time at 17	·Olamontha	parlier of: (b) The 90th day after the
is filed.	enective date, but i	not an effect	ive time, at 12.	or a.m. on the	zarner or. (b) The 90th day after th
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