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(Requestor's Name)	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
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LLC Amena



A. RAMSEY NOV 19.2024

COVER LETTER

TO: Registration Section

Division (of Corporations	
	olfo Lugo Jewels (USA) LLC	
SUBJECT:	Name of	Limited Liability Company
The enclosed Artic	eles of Amendment and fee(s) are	submitted for filing.
Please return all co	prrespondence concerning this ma	atter to the following:
	Rodolflo Orellana Lug	до
		Name of Person
	Rodolfo Lugo Jewels	(USA) LLC
		Firm/Company
	5026 NE 2nd Ave #30	16
		Address
	Miami, FL 33137	
	greg@vikingproperties	City/State and Zip Code
		ess: (to be used for future annual report notification)
For further informa	ation concerning this matter, plea	se call:
Rodolflo Orellana		774 563-9927 at()
1	Name of Person	Area Code Daytime Telephone Number
Enclosed is a check	c for the following amount:	
≅ \$25.00 Filing I	Fee S30.00 Filing Fee & Certificate of Statu	
Division P.O. Box	tion Section of Corporations	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

Rodolfo Lugo Jewels (USA) LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number _L23000029130 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: Rodolflo Orellana Lugo Name of New Registered Agent: 5026 NE 2nd Ave #306 New Registered Office Address: Enter Florida street address Miami _____, Florida 33137 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.

City

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
MGR	Rodolflo Orellana Lugo	5026 NE 2nd Ave #306, Miami, FL 33137	= Add
			□Remove
			□Change
AMBR	Jessica Lugo Castro	-	□Add
			□Remove
		242 S Washington Blvd., #316, Sarasota, FL 34236	= Change
v			□Add
			□Remove
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m ee .	07/31/2024
(If an eff	ve date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docum	ent's effective date on the Department of State's records.
ha ranar	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
ord is fi	
Dated	July 31 2024

Typed or printed name of signee