

12/6/24, 8:04 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L2300A39063**

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To:

Division of Corporations  
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From:

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2024 DEC -9 PM 2:40

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
OLIVIA STAR JEWELRY LLC

Certificate of Status	0
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Corporate Filing Menu

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T. LEMIEUX  
DEC 10 2024

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: OLIVIA STAR JEWELRY LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DMYTRO MAGONIA

Name of Person

OLIVIA STAR JEWELRY LLC

Firm/Company

1150 NW 72ND AVH TOWER 1 STE 455 #10788

Address

MIAMI, FL 33126

City/State and Zip Code

INFO@MIACCOUNTING.US

E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

DMYTRO MAGONIA

305 610-2704

at ( )

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 &  
Certified Copy  
(additional copy is enclosed)

☐ \$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

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

OLIVIA STAR JEWELRY 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 05/15/2023 and assigned  
Florida document number L23000239063

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:

1250 E HALLANDALE BEACH BLVD STE 903

(Principal office address MUST BE A STREET ADDRESS)

HALLANDALE BEACH, FL 33009

Enter new mailing address, if applicable:

1250 E HALLANDALE BEACH BLVD STE 903

(Mailing address MAY BE A POST OFFICE BOX)

HALLANDALE BEACH, FL 33009

**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:

DMYTRO MAGONIA

New Registered Office Address:

1250 E HALLANDALE BEACH BLVD STE 903

*Enter Florida street address*

HALLANDALE BEACHFlorida33009

*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**

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H24000402222 3)))

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DMYTRO MAGONIA	1250 E HALLANDALE BEACH BLVD STE 903	<input type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated DECEMBER 06

2024

Signature of ~~a member or authorized representative of a member~~

DMYTRO MAGONIA

Typed or printed name of signee

**Filing Fee: \$25.00**

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