# L23000296681

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#### **COVER LETTER**

SUBJECT: Tan	amy and (	Course Collective Company	ections, LLC
	mendment and fee(s) are sub	-	
	Tami	Nume of Person	ngler
		Firm/Company	····
	3809 NI	W 39th La	ne
	Cape Cor	City/State and Zip Code	<u> 2 33</u> 993
	toorth1	to be used for (ware annual report notific	COM
For further information cor	ncerning this matter, please ca		707
Tremmy Name of F	Spangle	at (1601) 467 Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		9. 31 F-13.
\$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		Street Address	

Mailing Address:

TO:

**Registration Section Division of Corporations** 

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Company a (A Florida Limited Liabi	sit now appears on our records.)  lity Company)
The Articles of Organization for this Limited Liability Company were Florida document number 93-195 859.	re filed on Tune 16, 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability  ROCK Studio Jewely u  The new name must be distinguishable and contain the words Limited Liability	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<del></del>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	7.67
B. If amending the registered agent and/or registered office addingent and/or the new registered office address here:	ress on our records, enter the name of the new registered
Name of New Registered Agent:	May 9
New Registered Office Address: 11595 /	Enter Florida street address  14ers Florida 33908  Zip Code
Fort M	1yers Florida 33908  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>	Address	Type of Action
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Changer
			GAdd
			C. TRemove
			Change
			□Add
			□Remove
			□Add
			□Remove
			□ Change

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	100 90 177 3
ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of filing or rete:  If the date inserted in this block does not neet the applicable statutory filing cument's effective date on the Department of State's records.	(optional) (vi) (optional) (vi) (optional) (
record specifies a delayed effective date, but not an effective he 90th day after the record is filed.	time, at 12:01 a.m. on the earlier
ed,	
Signature of a member or authorized representative	e of a member