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2024 JU - 5 7110: 50

COVER LETTER

TO:	Registration S Division of Co				
CHD IEA		ELS STORE LLC			
SUBJEC	~I: <u></u>	Name of Lim	nited Liability Company	· · · ·	
The encl	osed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all corresp	nondence concerning this matter	to the following:		
		Jacob Wetzstein			
			Name of Person		
			Firm/Company		
		29524 Forest Glen Dr			
			Address		
		Wesley Chapel, FL 33543	City/State and Zip Code		
		• •	to be used for future annual re	port notification)	
For furth	er information	concerning this matter, please ca	all:		
Jacob W			813 789-0 at ()		
	Name	of Person	Area Code	Daytime Telephor	ne 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 tadditional copy is enclose		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 JU - 5 AT 10: 50

JW JEWELS STORE, 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 I	Liability Company	were filed on $\frac{1/11/20}{1}$)24	and assigned
Florida document number L24000025052				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
JDub JEWELS, LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appli	N/A			
(Principal office address MUST BE A STRE	ET ADDRESS)			
		 -		
		N/A		
Enter new mailing address, if applicable:	ew mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	(BOX)			
			.	
D. If amonding the registered agent and/or	registered office	address on our reco	rds enter the nan	ne of the new registered
agent and/or the new registered agent and/or		authess on our reco	eds, <u>chiel the han</u>	te of the new registered
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A	Α		
New Registered Office Address.		Enter Florida :	street address	
			, Florida	Zip Code
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent	<u>i</u>		
I hereby accept the appointment as register		ree to act in this cap		

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>	<u>Address</u>	Type of Action
N/A	N/A	N/A	□Add
			Remove
			☐ Change
			□Add
			□Change
			□ Add
			🗖 Remove
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Remove

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		MILE () 43 - 25				
fective date, if other than th	e date of filing: _	DATE OF FI			(optional)	
an effective date is listed, the date mo ote: If the date inserted in this b						
ocument's effective date on the I			ne statutory ir	ing requirement	is, this date wi	ir not be fisted a
ecord specifies a delayed effecti	walata hut not on	affaating tim	a at 12:01 a n	مماليم معالم	afi (h) Tha O	Oth day aboutho
is filed.	e date, out not an	enecuve um	e, at 12.01 a,n	n. on the eartier	01: (b) The 9	oth day after the
MAY 30	2	2024				
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Just unium			zed representati	ve of a member		