## L24000034477

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## **COVER LETTER**

	Registration So Division of Cor						
SUBJEC		S&D JEWELRY LLC					
300000		Name of Lir	nited Liability Company				
The enclo	osed Articles of	Amendment and fee(s) are sul	bmitted for filing.				
Please ret	turn all correspo	ondence concerning this matter	to the following:				
		GARCIA, DUNIER					
			Name of Person	17			
			Firm/Company	<del></del>			
		17235 NW 78 AVE					
			Address				
		HIALEAH, FL 33015		· <del>:</del>			
		sdjewelry.bestgold@gmail.	City/State and Zip Code				
For furthe	er information c	E-mail address: (oncerning this matter, please c	(to be used for future annual report no	tification)			
	GARCIAS	one or mig this matter, prease c					
		Cn	at ()	ne Telephone Number			
	Name of	rerson	Area Code Daytir	ne Telephone Number			
Enclosed	is a check for th	ne following amount:					
□ \$25.0	0 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)			
F	Mailing Address Registration S	Section	Street Address: Registration So				
<ul> <li>Division of Corporations</li> <li>P.O. Box 6327</li> </ul>			Division of Co The Centre of				
	Tallahassee, F			oc Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S&D JEWELRY LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited	ny as it now appears on our recon Liability Company)	<u>'ds.</u> )	
The Articles of Organization for this Limited L	iability Company	were filed on 01/17/2024	and assigned	
Florida document number L24000034477	·			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name o	of the limited liab	ility company here:		
NONE				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		53 WEST 21 ST SUITE 4		
Principal office address MUST BE A STREI	ET ADDRESS)	HIALEAH FL 33010		
Enter new mailing address, if applicable:		53 WEST 21 ST SUITE 4		
(Mailing address MAY BE A POST OFFICE BOX)		HIALEAH,FL 33010		
	<del></del>			
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, ente	r the name of the new regist	
Name of New Registered Agent:	NONE			
New Registered Office Address:	NONE			
<del>-</del>		Enter Florida street addr	ess	
	NONE	. F	Florida NONE	
		City -	Zin 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 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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			Remove
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		03/20/2024			
ective date, if other than the reffective date is listed, the date mu	date of filing:		te of filing or more than	(optional)	uent to 605 020
te: If the date inscrted in this b	lock does not me	et the applicable	statutory filing requi	rements, this date will	not be listed a
cument's effective date on the I	epartment of Sta	te's records.			
cord specifies a delayed effecti s filed.	e date, but not a	n effective time, a	at 12:01 a.m. on the	earlier of: (b) The 90t	h day after the
MARCH 21		2024	Λ.,		
	,				
		· Alle	1		
	Signature of a me	mber or authorized	representative of a me	ember	

Filing Fee: \$25.00

Typed or printed name of signee