L24000/02771

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6. HUNT 08/06/24

COVER LETTER

	ration Section n of Corporations		
Jev SUBJECT:	wels To Tools, LLC	·	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Ar	ticles of Amendment and fee(s) are sub	omitted for filing.	
Please return all	correspondence concerning this matter	to the following:	
	Christina Marie Mason-M	cGuirk	
		Name of Person	
	Jewels To Tools, LLC		
		Firm/Company	
	302 Westwood Ave		
		Address	
	DeLand, FL 32720		
		City/State and Zip Code	
	jewelstotools386@gmail.co		
	E-mail address:	(to be used for future annual report notif	ication)
For further infor	mation concerning this matter, please of	call:	
Christina Marie	Mason-McGuirk	386 215-7124	
	Name of Person	Area Code Daytime	e Telephone Number
Enclosed is a che	eck for the following amount:		
□ \$25.00 Filin	ng 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)
Mailin	g Address:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Jewels 1	s lools, LLC		
(Name of the Lim	ited Liability Company as it r (A Florida Limited Liability)	now appears on our records.) Company)	
The Articles of Organization for this Limited I Florida document number L24000102771	Liability Company were fi	led on <u>February 28, 2024</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability con	mpany here:	
The new name must be distinguishable and contain the		pany," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli			-<)
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			ψ.
Mailing address MAY BE A POST OFFICE	<u></u>	Line Contraction of the Contract	==: '
		그님	 - 8
B. If amending the registered agent and/or agent and/or the new registered office addre	•	on our records, enter the name	of the new register
Name of New Registered Agent:	Christina Marie Mason-	-McGuirk	
New Registered Office Address:	302 Westwood Ave		
		Enter Florida street address	
	DeLand	, Florida ³²⁷	20
	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.

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>	Name	<u>Address</u>	Type of Action
AMBR	Jada Marie Mondelli	5295 Park Ave	□Add
		De Leon Springs, FL 32130	■ Remove
			Change
			□Add
			□Remove
		 	□ Change
			□ Add
			□ Remove
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and mark marken	ill no boyer of	<u>X</u>
a 50% owner of Jei	uels To Pools	LLC
as well as a member.		1
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ive date, if other than the date of filing:	(optional)	
ective date is listed, the date must be specific and cannot be prior to date	of filing or more than 90 days after filing.)	
If the date inserted in this block does not meet the applicable stant's effective date on the Department of State's records.	atutory filing requirements, this date v	will not be its
·		
d specifies a delayed effective date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The	e 90th day af
led.		·
August 16 (2024		
August 10		
1 May Dent Con		
Signature of a member or allthorized	representative of a member	
\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Christina Marie Mason-McGuirk	00 :00	