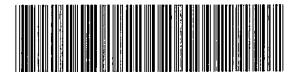


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COVER LETTER

TO: Registration Section Division of Corporations	
OT Jewelry	
SUBJECT: 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:	
LAZARO MANTARAS	
Name of Person	
OT Jewelry LLC	
Firm/Company	
13201 SW 6200 TER	
Address	
Miami Fl 33183 City/State and Zip Code	•
Imantaras 790 amail com	
<u> </u>	i
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	Ę
FLE	
[AZAro Mantaras at (305) 923-6264"	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Malling Address: Street Address:	
Registration Section Registration Section	
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314 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 Compan (A Florida Limited Li	y as it now appears on our records.) (ability Company)		
The Articles of Organization for this Limited Liability Company of Florida document number <u> </u>		and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabile. The new name must be distinguishable and contain the words "Limited Liabile".	nion LLC	e abbreviation "L.	L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	13201 SW Miami Fl	62no	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13201 5W MIGMI FI 3	62 ni 33183	—— D Ter ——
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	idress on our records, <u>enter the n</u>	ame of the new	v registered
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	Enter Florida street address	AH III	
	City , Florida	Zip Gle	

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			Change
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		Signature	of a membe	r or author	ized repres	entative of	member				_

Filing Fee: \$25.00