

(Requestor's Name)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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(Document Number)
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07/20/2y

COVER LETTER

TO:	Registration Se Division of Cor	ection rporations			
SUBJE	cor.	GEMS W	ORLDWIDE LLC		
SOBJE	.c	Name of Lin	nited Liability Company		
The enc	closed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please t	return all correspo	ondence concerning this matter	r to the following:		
ALEXANDER CABRERA					
Name of Person					
GEMS WORLDWIDE LLC				· :	
Firm/Company					
	8509 VIA GARIBALDI CIR UNIT 203				
	Address				
	ESTERO,FL 33928-2310				
	City/State and Zip Code				
		li mail addama	cabmontero@aol.com to be used for future annual report note		
For furtl	her information c	oncerning this matter, please c		neation)	
	ALEXA	NDER CABRERA	239 306-3145		
	Name of	f Person		e Telephone Number	
Enclosed	d is a check for th	e following amount:			
□ \$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 Registration S		Street Address: Registration Sec	ction	
Division of Corporations		Division of Corp	porations		
	P.O. Box 632' Tallahassee, F		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GEMS WOR (<u>Name of the Limited Liability Compa</u> (A Florida Limited I	LDWIDE LLC ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L24000298596	were filed on 07/02/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8509 VIA GARIBALDI CIR UNIT	203
(Principal office address MUST BE A STREET ADDRESS)	ESTERO, FL 33928-2310	
Enter new mailing address, if applicable:		: :
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the 1	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	,
	. Florida	

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.

City

Zip Code

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
AMBR	ALEXANDER CABRERA	8509 VIA GARIBALDI CIR UNIT 203	≣ Adđ
		ESTERO, FL 33928-2310	□Remove
			□ Change
<u>-</u>			□Add
			□Remove
			□ Change
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ective date, if other than the dat effective date is listed, the date must be te: If the date inserted in this block ument's effective date on the Depar	specific and cannot be prior to date of does not meet the applicable statu	filing or more than 90 days	optional) after filing.) Purs , this date will	suant to 605.02 not be listed
cord specifies a delayed effective da s filed.	te, but not un effective time, at 12	:01 a.m. on the earlier of	f: (b) The 90i	h day after th
ed	2024			
	$A \subset A_i$			
	11.			

Filing Fee: \$25.00