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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

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COVER LETTER

| | istration Section ision of Corporations | | | | |
|---|--|---|--|--|--|
| έπο πεσ . ε. | ZCREATIONS JEWELRY | LLC | | | |
| SUBJECT: Name of Limited Liability Company | | | | | |
| The enclosed | Articles of Amendment and | d fee(s) are submitted for filing. | | | |
| Please return | all correspondence concern | ning this matter to the following: | | | |
| | Zareh Manj | ikian | | | |
| | | Name of Person | | | |
| | 4 | Firm/Company | | | |
| | 404A Rams | | | | |
| | | Address | | | |
| | Venice, FL, | | | | |
| | zcreations@ | City/State and Zip Code mail.com | | | |
| | | E-mail address: (to be used for future annual report notification) | | | |
| For further in | nformation concerning this r | matter, please call: | | | |
| Zareh Manji | kian | 747 977 - 0584 at () | | | |
| | Name of Person | Area Code Daytime Telephone Number | | | |
| Enclosed is | a check for the following am | nount: | | | |
| ≡ \$25.00 l | | iling Fee & S55.00 Filing Fee & S60.00 Filing Fee, ate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) | | | |
| Re Di P.(| iling Address: gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | |

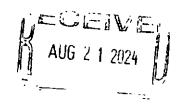


July 28, 2024

ZAREH MANJIKIAN 404A RAMSEY ROAD VENICE, FL 34292

SUBJECT: ZCREATIONS JEWELRY LLC

Ref. Number: L24000312827



We have received your document for ZCREATIONS JEWELRY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

www.sunbiz.org

Letter Number: 124A00016647

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ZCREATIONS JEWELRY LLC | | Ź | 21 77 12: 44 |
|--|--|---------------|-----------------------|
| (Name of the Limited Liability Company (A Florida Limited Lia | as it now appears on our recobility Company) | rds.) | |
| The Articles of Organization for this Limited Liability Company w | ere filed on <u>07/13/2024</u> | | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liability | ty company here: | | |
| The new name must be distinguishable and contain the words "Limited Liability | Company," the designation "LI | LC" or the at | obreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| Principal office address MUST BE A STREET ADDRESS) | | | |
| | ************************************** | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here: | dress on our records, <u>ent</u> o | er the nan | ne of the new registe |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street add | ress | |

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

If 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> | <u>Name</u> | Address | Type of Action |
|--------------|--------------------|------------------|----------------|
| MGR | Zareh Manjikian | 404A Ramsey Rd | |
| | | Venice, FL 34292 | |
| | | | Change |
| MGR | Garabed Khandanian | 404A Ramsey Rd | |
| | Venice, FL 34292 | ■Remove | |
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| (If an eff Note: | ve date, if other than the date of filing: |
| the recor | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed. |
| Dated | GARARED. KHANDANIAN 08-14. 2224 |
| | Signature of a member or authorized representative of a member |
| | GARABED KHAND AN 'AN Typed or printed name of signee |