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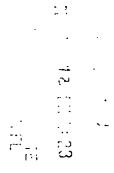
| (Requ | iestor's Name) | |
|-----------------------------|----------------|-------------|
| (Addir | ess) | |
| (Addr | ess) | |
| (City/s | State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busin | ness Entity Na | me) |
| (Docu | iment Number) |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Fil | ing Officer: | |
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Office Use Only



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08/12/24--01021--002 **25.00



CS/10/24

COVER LETTER

| . Т | O: Registration So Division of Co | | | |
|-----|--|---|---|---|
| s | ubject: <u>F</u> | Name of Lim | ited Liability Company | velry LLC |
| Т | he enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| P | ease return all correspo | ondence concerning this matter | to the following: | |
| | | Lim Fr | Name of Person | |
| | | | Firm/Company | |
| | | 11250 SU | u Mumer | -6 |
| | | Styciat | City/State and Zip Code | 7 |
| | | E-mail address: (| to be used for future annual report not | itication) |
| F | or further information c | concerning this matter, please ca | all: | |
| | im Fla | nCE/V | at 772) Z6 Area Code Daytin | 3 COSTO |
| E | nclosed is a check for t | he following amount: | | |
| ' | (1)\$25.00 Filing Fee | S30.00 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 Division of C | Section Corporations | Street Address: Registration Se Division of Co | rporations |
| | P.O. Box 632 | 4.7 | The Centre of | i ananassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| VOCE Linguisted | Led Jewler | y (d |
|--|---|--|
| (A) | Liability Company as it now appears on Florida Limited Liability Company) | - Our Teoron, |
| The Articles of Organization for this Limited Liab | oility Company were filed on $\frac{7}{288}$ | 129124 and assigned |
| This amendment is submitted to amend the follow | ring: | |
| A. If amending name, enter the new name of the new name must be distinguishable and contain the word | 1 Jewell | nation "L.L.C." or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicab | le: | |
| (Principal office address MUST BE A STREET) | ADDRESS) | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BO | <u> </u> | 7.7 |
| B. If amending the registered agent and/or reg agent and/or the new registered office address b | | rds, enter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida s | street address |
| | DOM FROM S | , Florida |
| | 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.

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 |
|--------------|-------------|--------------|----------------|
| | | | □Add |
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| . If amei | iding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note: | re date, if other than the date of filing: |
| the record cord is file | 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 d. |
| Dated_ | 8/26 2024 |
| | Signature of a member or authorized representative of a member |
| | LIM FROMMUNI |

Filing Fee: \$25.00