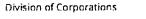
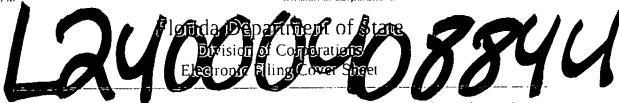
10/18/24, 2:25 Fid





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(((H24000349213 3)))



H240003492133ABC

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I2009000081 Phone : (307)200-2803

Fax Number : (813)436-5206

**Enter the email address for this business entity to be used for future wannual report mailings. Enter only one email address please the Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **JORDAN JEWELER 3 LLC**

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T. LEMEUX Help OCT 21 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JORDAN JEWELER 3 LLC		
(<u>Name of the Limited I</u> (A	Liability Company as it now appears on our recording Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabi Florida document number L24000408844 This amendment is submitted to amend the following the A. If amending name, enter the new name of the	e limited liability company here:	202 FILED SECKETARY OF STAT TALLAHASSEE, FL
The new name must be distinguishable and contain the words	s "Lunited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		
B. If amending the registered agent and/or registered affice address h		er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	reas
_		Florida
	Ciţr	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.

10/18/2024 11:29:10 PDT To: 18506176383 Page: 3/4 Fax: 8134365206

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	NABEEL ABUSALOOM	7901 4TH ST. N, STE 300	□Add
		ST. PETERSBURG, FL 33702	∏ Remove
			☐ Change
AMBR	Nabeel Abusloom	7901 4TH ST. N, STE 300	X 0 Add
		ST. PETERSBURG, FL 33702	Remove
			□ Change
			🗀 Add
		□Remove	
			□Add
			□Remove
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			☐ Change
			□ Add
			□Remove
			□ Change

10/18/2024 11:29:10 PDT	To: 18506176383	Page: 4/4	Fax: 8134365206
D. If amending any other inform	ation, enter change(s) here: (Attac	h additional sheets, if necessary.)	

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	-12		
			
4.5.1		· · · · · · · · · · · · · · · · · · ·	
Note: If the date inserted in this	he date of filing: must be specific and cannot be prior to oblock does not meet the applicable Department of State's records.	(optional) date of filing or more than 90 days after fiting.) Put e statutory filing requirements, this date will	suant to 605,0207 (3)() not be listed as the
the record specifies a delayed effec- word is filed.	tive date, but not an effective time	, at 12:01 a.m. on the earlier of: (b) The 90	Ith day after the
Dated 10/18	2024		
6 - 4 0	· /: /		

Typed or printed name of signee