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Ta:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: I20090000081

Phone

: (307)200-2803

Fax Number

: (813)436-5206

**Enter the email address for this business entity to be used for Hutuen annual report mailings. Enter only one email address please. FM

	nail Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GEMS TOONA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

10/11/2024 09 61:04 PDT To 13506176383 Page: 2/4 Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gems toona LLC			
(<u>Name of the Limited Liability (</u> (A Florida Lii	ompany as it now appears on our ranged Liability Company)	ecords.)	-
The Articles of Organization for this Limited Liability Com Florida document number L24000415504	npany were filed on 09/24/20)24	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	I liability company here:		
Gemstoona LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>		
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		38 33 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	2024 0
		TARY C	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	thee address on our records, <u>e</u>	nter the napize of STATE	2:
Name of New Registered Agent:			3 }
New Registered Office Address:	Enter Florida street a	iddress	
		, Florida	
	City		Ztp 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.

10/11/2024 09;61:04 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>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			©Change
			□Add
		 	□Remove
			□Change
			[]Add
			□Remove
			□Change
			∐Add
			□Remove
			[]Change
			□Add
			□Remove
			☐ Change
			UAdd
			□Remove
			□Change

If amending any other informat	ion, enter change(s) here:	(Attach additional she	rets. if necessary.)	
			<u>.</u>	

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	. <u>.</u>		 -	
Effective date, if other than the a (If an effective date is listed, the date must <u>Note:</u> If the date inserted in this ble document's effective date on the De	be specific and cannot be prior to sek does not meet the applicat			
the record specifies a delayed effective cord is filed.	date, but not an effective tim	e, at 12:01 a.m. on the ea	irlier of: (b) The 90th da	y after the
Dated October 11th	2024	•·		
	Signature of a member of author	70 20 70 70 red representative of a mer	nber	
Nat Smith				
	Typed or printed	name of signee	-	