P18000022718

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2024 SEP 24 PH 3: 20 SECRETARY SESTION

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	ON:	ORIA'S JEWELRY BO	X INC.	
DOCUMENT NUMBER: P18000022718				
The enclosed Articles of Am	sendment and fee are su	bmitted for filing.		
Please return all corresponde	ence concerning this ma	tter to the following:		
		MARIA M. NAVARRO		
<u></u>		Name of Contact Pers	on	_
	М	NAVARRO & COMPA	NY	描写
		Firm/ Company		
		P.O. BOX 900541		
Address				
HOMESTEAD, FL 33090				
		City/ State and Zip Co	ode .	
	MERC'	YNAVARRO.CO@GM/	AIL.COM	
<u></u>		sed for future annual repo		
For further information conc	erning this matter, pleas	se call:	752-2263	
Name of Contact Person			Code & Daytime Telephone Num	ıber
Enclosed is a check for the f	ollowing amount made	payable to the Florida De	partment of State:	
S35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			et Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
P.O. Box (•	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

GLORIA'S JEWELRY BOX, INC.

(Name of Corporation as current	ly filed with the Florida I	Dept. of State)
P18000023	2718	
(Document Number of	of Corporation (if known)	· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporatio	n adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporatio	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	2021.
(Principal Office address MUST BE A STREET ADDRESS)		SET 24
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	FII 3: 20
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address. Name of New Registered Agent N/A		name of the
(Florida st.	rect address)	
New Registered Office Address:	(City)	, Florida /Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar		tions of the position.
Signatury of New F	Duristanal taus Walanai	
Check if applicable	Registered Agent, if changir	ιχ
Cuesa ii applicanic		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Remove

Please note the officer/director title by the first letter of the office title:

P President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>PT</u> X Change John Doe <u>V</u> X Remove Mike Jones \underline{SV} <u>X</u> Add Sally Smith Type of Action <u>Title</u> Address Name (Check One) 28175 SW 202ND AVE 1) X Change HERNANDEZ, GLORIA HOMESTEAD, FL 33030 ____ Add ____ Remove 34484 SW 187TH CT LOT 236 HERNANDEZ, ASHLEY 2) Change HOMESTEAD, FL 33034 Add _ Remove HERNANDEZ, JOHNNY 3) ____ Change 28175 SW 202ND X VE Add HOMESTEAD, FL33030 Remove 28175 SW 202ND HERNANDEZ, ARLENE 4) ____ Change HOMESTEAD, FL 33030 X Add ____ Remove 5) ____ Change ____ Add ____ Remove 6) ____ Change _____ Add

If amending or additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
I/A	
	_
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	د
	SECRETTIAN SEP 24
	艺术
	<u> </u>
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	PH 3: 21
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
'A	·
	
-11.5	

The date of each amendment(s	adoption:	, if other than the
date this document was signed. Effective date if applicable:	SEPTEMBER 8, 2024	
	(no more than 90 days after amendment file dat	e)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requireme Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without share	holder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the at sufficient for approval.	mendment(s)
	approved by the shareholders through voting groups. The follow for each voting group entitled to vote separately on the amendment	~
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by N/A	-	
-,	(voting group)	
09/08 Dated	/2024	
Signature	Storia (None)	
(By sele	a director, president or other officer – if directors or officers have cted, by an incorporator – if in the hands of a receiver, trustee, or pinted fiduciary by that fiduciary)	
	GLORIA HERNANDEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

2021 SEP 24 PN 3: 21
SECRETARY OF STATE
TALLAHASSEE, FI