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SLON AHASSEE FL



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: A THRU Z JEWER	RLY CORP			
DOCUMENT NUM	P19000038323				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	ORLANDO DALOUCHE				
		Name of Contact Persor	1		
	A THRU Z JEWERLY CORP				
		Firm/ Company			
	1502 BENTON BLVD APT	6108			
		Address	· · · · · · · · · · · · · · · · · · ·		
	SAVANNAH, GEORGIA 31	407			
		City/ State and Zip Code	:		
ASI	AZAIRE2424@GMAIL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information of the Control of the Contr	on concerning this matter, pleas	se call· at (791-2008		
Name of Contact Person		at (Area Co	de & Daytime Telephone Number		
	or the following amount made				
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
An Div P.C	niling Address mendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Bassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

A THRU Z JEWERLY CORP

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P19000038323	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporati" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	908 ASHWOOD COURT
(Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE FLORIDA 34743
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1502 BENTON BLVD APT 6108 SAVANNAG, GA 31407
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida s	rever address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Ager I hereby accept the appointment as registered agent. I am familian	r with and accept the obligations of the position.
Signature of New	Registered Agent, if changing

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, it necessary)

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 Doe 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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
t) Change	<u></u>		
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
A) Chart			
6)Change			
Add			
Remove			

adment provides for an exchange, reclassification, or cancellation of some for implementing the amendment if not contained in the amendment applicable, indicate N/A)	
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08/30/2019 The date of each amendment(s) adoption:	, if other than
date this document was signed.	, it other than
Effective date <u>if applicable</u> :	
(no more than 90 days o	after amendment file date)
Note: If the date inserted in this block does not meet the applicable sta document's effective date on the Department of State's records.	atutory filing requirements, this date will not be listed as t
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	r of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vomust be separately provided for each voting group entitled to vote sep	
"The number of votes east for the amendment(s) was/were suffic	ient for approval
by(voting group)	"
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without action was not required.	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without sha action was not required.	reholder action and shareholder
Dated 08-30/19	
Signature / Man Ml Ham	
(Bf) director, president or other officer – if G	directors or officers have not been
selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	of a receiver, trustee, or other court
() rlundo (relaire Le
Typed or printed name of	person signifig)
Prosibi	2017
(Title of perso	n signing)