P19000070119

(Re	equestor's Name)			
(Ad	ldress)			
(Äd	idress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	ocument Number)			
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DD JEWELERS IN	чС:			
DOCUMENT NUMB	P19000070119	·····			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	nondence concerning this ma	iter to the following:			
	TIFFANY WILLIAMS				
-	Name of Contact Person				
-	Firm/ Company				
:	8801 W ATLANTIC BLVD	#772496			
-		Address			
	CORAL SPRINGS FL 33071				
- -		City/ State and Zip Code	e		
For further information	E-mail address: (to be us concerning this matter, pleas	see call:	Inotification)		
TIFFANY WILLIAMS		954 at (de & Daytime Telephone Number		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divis P.O.	ing Address adment Section aion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of

FILED 2027 JUN 22 AM 9: 13

DD JEWELERS INC

Check if applicable

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

(Name of Corporation	as currently filed with the Florida Dept. of State) AFTARY OF STATE
P19000070119	THASSEE, FLORING
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corp	ogration:
DDJ JEWELERS INC	The new
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp." "Inc." o "chartered," "professional association," or the abbrevia	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent	
	(Classics stands address)
	(Florida street address)
New Registered Office Address:	Florida (City) (Zip Code)
	(City)
New Registered Agent's Signature, if changing Registe	
I hereby accept the appointment as registered agent. I a	un familiar with and accept the obligations of the position.
_	
Signatur	re 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, if 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: XChange	<u>PT</u>	John Doe	2	
X Remove	<u>V</u>	Mike Jon	n <u>es</u>	
X Add	<u>sv</u>	Sally Sm	<u>ith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change		·-		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		· · · · · · · · · · · · · · · · · · ·
Add				
Remove				
6) Change		_		
Add				
Remove				

	(Be specific)				
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If an amendment provides for an excl provisions for implementing the ame	nange, reclassificati Indment if not contr	on, or cancell: ained in the ai	ition of issued	<u>shares.</u> lf:	
If an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassificati Indment if not cont	on, or cancell: ained in the ar	ation of issued	shares. lf:	
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provisions for implementing the ame	nange, reclassificati indment if not cont	on, or cancell: ained in the ai	ation of issued	shares,	

The date of each amendment(s) adopti	on:	if other than the
date this document was signed.		
Effective date if applicable:		a contract
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departs	does not meet the applicable statutory filing requirements ment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareho	lder action and shareholder
The amendment(s) was/were adopted by the shareholders was/were sufficients.	by the shareholders. The number of votes cast for the ameent for approval.	ndment(s)
	d by the shateholders through voting groups. The following voting group entitled to vote separately on the amendment	
"The number of votes east for the	ne amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
Dated 6/16/2		
		
selected, by	or, president or other officer – if directors or officers have n an incorporator – if in the hands of a receiver, trustee, or of duciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Title of person signify)	