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(((H240003276973)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : GG CONSULTING SERVICES CORP

Account Number : I20210000143

: (786)631-8656

Fax Number

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

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COR AMND/RESTATE/CORRECT OR O/D RESIGN VIENNA JEWELRY DESIGN CORP

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TO: Amendment Section

## FILED 2024 SEP 30 PM 1: 54 SECRETARY OF STATE TALLAHASSEE, FL

## **COVER LETTER**

Division of Carp	orations		,	
NAME OF CORPO	RATION: VIENNA JEWELL	RY DESIGN CORP		
DOCUMENT NUM	BER: P24000044860			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	itter to the following:		
	ALEXIS FROMETA			
		Name of Contact Person	n	
	ALEXIS FROMETA P.A			
		Firm/ Company		
	3191 CORAL WAY #404 A			
		Address		5
	MIAMI, FL 33145			Į
		City/ State and Zip Cod	е	:
,	afrometa@south-floridacpa.c	com		
	<del>-</del>	sed for future annual report	notification)	
	•		•	
For further information	on concerning this matter, plea-	se call:		
ALEXIS FROMETA		at (	319-1071 de & Daytime Telephone Number	_
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:	
S35 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)	
Am Div P.O	endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	
7 411			assec, FL 32303	

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)		
P24000044860	•		
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the follow	ing amendn	nent(s
A. If amending name, enter the new name of the corporation:			
		The ne	าเบ
ame 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 corporation name must conti	tion "Corp.	"
Enter new principal office address, if applicable:			
Principal office address <u>MUST BE A STREET ADDRESS</u> )	777 NW 72ND AVENUE. SUITE 2061	3S	202
	MIAMI, FL 33126	ALL	1024 SEP 30
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	777 NW 72ND AVENUE, SUITE 2061	AHASSEE	
	MIAMI, FL 33126	938 40	3
		FA	. <del></del>
If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	dress in Florida, enter the name of the	m	F
Name of New Registered Agent			
	Market - 441		
(Florida s	tree! adaress)		
(Florida s  New Registered Office Address:	, Florida	Code)	

■ The amendment(s) is/are being filed pursuant to 5, 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)

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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>	
1) Change				
Add				
Remove			- SE	7117
2) Change			ALE:	JUC BANA
Add				ح
Remove Change			- SE 9	3
Add			STA	 2
Remove			<u> </u>	£
4) Change				
Add				
Remove				
5) Change				
Add				
Remove			<del></del>	
6)Change		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				

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(Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)			
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			2024	
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		ECRETARY OF STATE ALLAHASSEE, FL	7	
		E, S	<del></del>	J
		73	<b>1</b> 5	
If an amendment provides for an avail	hanna andrew Greeken and an arrange of the second	1"	•	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:			
(if not applicable, indicate N/A)				
		<del> </del>		

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The date of each amendment(s) a	SEPTEMBER 20, 2024 doption:	if other than the
date this document was signed.		
SET Effective date if applicable:	PTEMBER 20, 2024	
CHECUTE CARE IL SANDARSISSE.	(no more than 90 days after amendment file date)	
Note: It the date inserted in this bidocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this date to epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action a	and shareholder
The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	(A N2
100%	_	17. EC.
by	(voting group)	2024 SEP 30 PM 1: 54 SECRETARY OF STATI TALLAHASSEE, FL
	(Toung Kroup)	SEP 30 PM RETARY OF NLLAHASSEI
40.00.00		¥₹ 30
09/20/2024 Dated		SS
		Ä, min
Signature	Trynoza M	ITS STA FIL
	irector, president or other officer - if directors or officers have not been	I 7 54 STAT E, FL
	d, by an incorporator - if in the hands of a receiver, trustee, or other court	Wi
appoint	ted fiduciary by that fiduciary)	
	PAULA I AYARZA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	