

L180000036420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

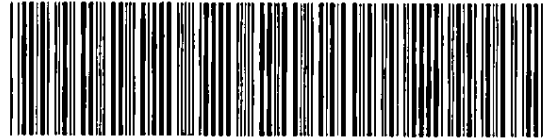
(Business Entity Name)

(Document Number)

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2024 OCT -1 AM 2:20
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

43

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUX ST502, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAUL JOHN SCANZIANI

Name of Person

Scanziani & Associates Law

Firm/Company

4000 PONCE DE LEON BLVD #470

Address

CORAL GABLES, FL 33146

City/State and Zip Code

PAUL@SCANZIANI.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL SCANZIANI & ASSOCIATES LAW SCANZIANI

Name of Person

at (305)

Area Code

2749033

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LUX ST502, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L18000036420

2024 OCT -1 AM 2:20
SECRETARY OF STATE
TALLAHASSEE, FL

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City Zip 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.

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARIA LILA RINCON	805 S. MIAMI AVE, #2603	☐ Add
		MIAMI, FL 33130	☒ Remove
			☐ Change
MGR	AJMZ REVOCABLE TRUST	4000 PONCE DE LEON BLVD	☒ Add
	AGREEMENT	#470	☐ Remove
		CORAL GABLES, FL 33146	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

~~★~~ Date: September 21 2024

★

Signature of a member or authorized representative of a member

★

María Lila Rincon

Typed or printed name of signee

Filing Fee: \$25.00

Available by Officer/Registered Agent Name

Florida Limited Liability Company

LUX S 502, LLC

Filing Information

Document Number

L18000036420

FEVEIN Number

82-4467787

Date Filed

02/08/2018

State

FL

Status

ACTIVE

Principal Address

80 S MIAMI AVE

4502

MIAMI FL 33130