

LZO 000 109272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

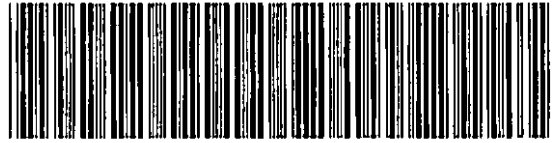
(Business Entity Name)

(Document Number)

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2020 JUN 12 PM 1:17

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Amend

JUL 01 2020
ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Luxe Seven 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:

Stephanie Jones

Name of Person

Luxe Seven LLC

Firm/Company

1800 Pembroke Drive Suite 300

Address

Orlando FL 32810

City/State and Zip Code

luxesevenboutique@gmail.com

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

For further information concerning this matter, please call:

Stephanie Jones

407

463-4323

at (_____) _____

Name of Person

Area Code

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**

Luxe Seven LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 04/21/2020 and assigned
Florida document number L20000109272.

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:

1800 Pembroke Drive Suite 300

(Principal office address MUST BE A STREET ADDRESS)

Orlando FL 32810

Enter new mailing address, if applicable:

1800 Pembroke Drive Suite 300

(Mailing address MAY BE A POST OFFICE BOX)

Orlando FL 32810

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:

Stephanie Jones

New Registered Office Address:

1800 Pembroke Drive Suite 300

Enter Florida street address

Orlando

City

Florida 32810

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	Stephanie Jones	1800 Pembroke Drive Suite 300	<input checked="" type="checkbox"/> Add
		Orlando FL 32810	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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