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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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## **COVER LETTER**

TO: Registratio Division of	n Section Corporations		
SURJECT:	PREMIER LUXI	DRY EMPIRE LLC	
3004DC1	Name of Lin	nited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	<del>-</del>	Ditzan A. Ferna Name of Person	indez
		Firm/Company	
		65 NW 126 Th PL Address	
		MiAMI FL 33182 City/State and Zip Code	- T
		ZAN @ MR deal close (to be used for future annual report noti	
For further informati	on concerning this matter, please of	eali:	·
DitzAI	N A. FLRNANDEZ mc of Person	at (305) 986 - Area Code Daytim	S 9 4 8 e Tel <del>e</del> phone Number
Enclosed is a check t	for the following amount:		
\$25.00 Filing Fe	e \$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)
Division of P.O. Box	on Section of Corporations	Street Address: Registration Se Division of Cor The Centre of T	porations
v militaring	THE RESIDENCE OF THE SECOND SE	Tallahassee, FL	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUXURY Empire	LLC	
iability Company as it now appe- londa Limited Liability Company	ars on our records.)	
ity Company were filed on _	07/15/2021	and assigned
<u>4</u>		
ાદુ:		
limited liability company l	nere:	
LC		
"Limited Liability Company," the	designation "LLC" or the abb	reviation "L.L.C."
···		
DDRESS)		
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<u> </u>	·	
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	records, enter the name	of the new register
<u>:re</u> :		
		<del></del>
Enter Fle	orida street address	<u> </u>
	, Florida	
City		Zip Code
stered Agent:		
	ing:  lity Company were filed on   lity Company were filed on	e limited liability company here:  L C  "Limited Liability Company," the designation "LLC" or the abb e:  [DDRESS]  Stered office address on our records, enter the name ere:  Enter Florida street address  City

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>	Address	Type of Action
			🗀 Add
			[] Change
			DAdd
			□Remove
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## Page 2 of 3

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tive date, if other than the date of filing:O1/20/2 ffective date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable starment's effective date on the Department of State's records.	of filing or more than 90 days after filing.) Pursuant to 605
ecord specifies a delayed effective date, but not an effective date, but not an effective day after the record is filed.	ffective time, at 12:01 a.m. on the earli
e Jour day after the record is med.	
d JANUARY 20 , 2023	