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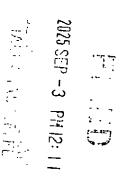
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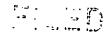
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SUDJEC		S HOSPITALITY SERVICES	LLC			
SUBJEC	ı: <u> </u>	Name of Limi	ted Liability Company	<u> </u>		
The enclo	osed Articles of .	Amendment and fee(s) are subt	nitted for filing.			
Please ret	urn all correspo	ndence concerning this matter t	to the following:			
		Karime Hernandez				
		-	Name of Person			
		LUXMILES HOSPITALITY SERVICES LLC				
		Firm/Company				
		3951 Adra Avenue				
		Address				
		Doral, Florida 33178				
		City/State and Zip Code				
		luxmileshs@gmail.com E-mail address: (t	o be used for future annual report notif	ication)		
For furth	er information c	oncerning this matter, please ca		·		
Federico	Felix		407 715-9459			
	Name o	f Person	Area Code Daytimo	Telephone Number		
Enclosed	is a check for th	ne following amount:				
□ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres Registration S		Street Address: Registration Sec	etion		

Division of Corporations P:O: Box 6327 Tallahassee, FL 32314

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2025 SEP - 3 PM 12: 11 LUXMILES HOSPITALITY SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{02/14/2022}{1}$ and assigned Florida document number L22000072365 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

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 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>.</u> <u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			Remove
			☐ Change
			□Add
			Remove
			☐ Change
		 	□Add
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			Change
			□Add
			□Remove
			□ Change
			□Add
			El Character

	companies may be organized under the laws of the State of Florida. The company is specifically authorized				
	to engage in food sales, distribution, import/export of food products, and any related lawful commercial activities.				
If an e <u>Note</u>	tive date, if other than the date of filing:				
e reco rd is t	ord 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 filed.				
Dated	August 26th 2025				
	Signature of a member or authorized representative of a member				
	Karime Hernandez Typed or printed name of signee				

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