

L22000441327

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 NOV 14 AM 10:06
SECURITY DIVISION
TALLAHASSEE, FLOR.

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2022 NOV 14 PM 2:36
TALLAHASSEE, FLOR.

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE use funds from ACCT: 120210000160 AMOUNT: \$ 25.
Authorization Signature: *[Signature]*

Business

Document #

AM Luxury Group LLC

Walk in

Pick up time

Mail out

Will wait

Photocopy

Certified Copy (s) of Articles of Incorporation

Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other
- CORP**

AMMENDMENTS

- Amendment
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger
- Conversion**

OTHER FILINGS

- Annual Report
- Fictitious Name
- APOSTIL () **Country**

REGISTRATION/QUALIFICATIONS

- Foreign filing
- Limited Partnership
- Reinstatement
- Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AM LUXURY GROUP LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALBERT AIEVOLI
Name of Person

AM LUXURY GROUP LLC
Firm/Company

1881 WASHINGTON AVENUE, SUITE 11B
Address

MIAMI BEACH, FLORIDA 33139
City/State and Zip Code

amaievoli@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBERT AIEVOLI at (310) 770-5176
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: AM LUXURY GROUP LLC

2. (a) 1881 WASHINGTON AVENUE Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

SUITE 11B

MIAMI BEACH, FL 33139

10/13/2022

L22000441327

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

ALBERT AIEVOLI

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

248 WEST RIVO ALTO DRIVE

MIAMI BEACH, FL 33139

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

DANIEL FUJITA

NEW Registered Office Address:

151 CRANDON BLVD #700

KEY BISCAZYNE, FL 33149

FILED 2022 NOV 14 AM 10:06 STATE OF FLORIDA TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

ALBERT AIEVOLI Printed or typed name of signee

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.

Signature of Registered Agent