L13000148149

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SECRETARY OF STATE
ALLAHASSEE, FIREIR

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COVER LETTER

Div	ision of Corp	orations		
SURJECT	LUXURY T			
Jobstic I.	-	Name of Limit	ed Liability Company	
The enclosed	I Articles of A	anendment and fee(s) are subm	nitted for filing.	
Please return	all correspon	dence concerning this matter to	o the following:	
		SIMON NAON		
		-	Name of Person	
		NAON AND CO. LLC		
			Firm/Company	
		2450 HOLLYWOOD BLVI	D STE 200B	
			Address	
		HOLLYWOOD FL 33020		
		SIMON@NAONANDCO.CO	City/State and Zip Code OM	
		E-mail address: (to	be used for future annual report notifica	ation)
For further in	nformation co	ncerning this matter, please cal	1:	
SIMON NA	ON		347 898-6079 at ()	
	Name of	Person	at () Area Code Daytime T	elephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	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:

TO: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUXURY TIMES 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 10/21/2013 and assigned Florida document number _____L13000148149 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 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 _

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.

City

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
VP	ADAM BURSTEIN	22 NE 1ST ST STE. 206	
		MIAMI FL 33132	
		MIASH PL 33(32	□ Remove
			Change
SECRE	YISROEL WEISZ	22 NE 1ST ST STE. 206	to Change
		MIAMI FL 33132	
			■ Remove
			Change
			Remove
			☐ Change
			🗆 Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
	
	/
	
(If an el	tive date, if other than the date of filing:
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	10/12/2018
	Signature of a member or authorized representative of a member
	SIMON MAON
	SIMON NAON Typed or printed name of signee

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Filing Fee: \$25.00