LZ0000109272

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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
Luxe Seven	LLC		i e
SUBJECT:	Name of Lim	ited Liability Company	•
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ndence concerning this matter	to the following:	
	Cranbonia Longo		
	Stephanie Jones		
		Name of Person	
	Luxe Seven LLC		
		Firm/Company	
	1800 Pembrook Drive Suit	e 300	
		Address	
	Orlando FL 32810		
		City/State and Zip Code	
	luxesevenboutique@gmail.c		
	E-mail address: (to be used for future annual report no	otification)
For further information c	oncerning this matter, please c	all:	
Stephanie Jones		407 463-4323	
Name o	f Person	at ()	me Telephone Number
Enclosed is a check for the	ne 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 5		Street Address: Registration S	ection
Division of Corporations		Division of Co	
P.O. Box 632	-	The Centre of	•
Tallahassee	FI 32314	2415 N. Mont	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

	T	0	
ART	_) RGANIZATIO	N E
	0	F	
Luxe Seven LLC	itad Liability Compa	nt as it now appeared on	our request.)
(Same of the Lim	(A Florida Limited I	ny as it now appears on (Liability Company)	our records.)
The Articles of Organization for this Limited I	_iability Company	were filed on $\frac{04/21/20}{1}$	020 and assigned
Florida document number 1.20000109272	·		
This amendment is submitted to amend the fol	lowing:		
	•		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
SEVNLUXX LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	ation "LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:		1800 Pembrook Driv	e Suite 300
Principal office address MUST BE A STRE.		Orlando Fl 32810	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1800 Pembrook Driv	e Suite 300
		Orlando Fl 32810	
B. If amending the registered agent and/or	•	address on our recor	ds, enter the name of the new registered
agent and/or the new registered office addr	ess here:		
Name of New Registered Agent:	Stephanie Jone	s	
New Registered Office Address:	1800 Pembrool	c Drive Suite 300	
New registered (Three Address).		Enter Florida st	reet address
	Orlando		. Florida ³²⁸¹⁰
		City	Zip Code

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
MGR	Stephanie Jones	1800 Pembrook Drive Suite 300	= Add
		Orlando Fl 32810	□Remove
			□Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
·			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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D. If am	rending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
F Fffec	etive date, if other than the date of filing: (optional)
(If an e <u>Note</u>	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 : If the date inscrited in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the re (b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	d July 2. 2020
	Signature of a member of authorized representative of a member

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