L05000090120

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700254752557

12/19/13--01009--003 **30.00

2019 DEC 19 PH 1: 38

DEC 2 0 2013

w. en.Juli

COVER LETTER

TO:

Registration Section Division of Corporations

LUXX INDUSTRIES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erum S. Kistemaker

Name of Person

Kistemaker Business Law Group

Firm/Company

1651 N. Clyde Morris Boulevard, Suite 2

Address

Daytona Beach, FL 32117

City/State and Zip Code

ekistemaker@e-kbusinesslaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erum S. Kistemaker

at (386,310-799)

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 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

LUXX INDUSTRIES LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(Ar	iorida Limited Lia	ibility Comp	any)				
The Articles of Organization for this Limited Liab Florida document number <u>L050000901</u>	oility Company w	vere filed or	Septemb	er 13, 20)05 ₂	and ass	igned
This amendment is submitted to amend the follow	ving:						
A. If amending name, enter the new name of t	he limited liabil	ity compan	y here:				
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability (Company," the	designation	"LLC"	or the a	ıbbreviation
Enter new principal offices address, if applical	ole:						
(Principal office address MUST BE A STREET ADDRESS)					<u> </u>	2	
Enter new mailing address if applicables		1651 N.	Clyde Mor	ris Boule	vářd. S	DEC Suite	2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			Beach, FL		m _O	- 10 -	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered offic	ce address			STATE: r the n	38 ame 0	of the new
Name of New Registered Agent:	Kistemaker E	Business	Law Group)	· · · · · ·		
New Registered Office Address:	1651 N. Clyd	le Morris	Boulevard	, Suite 2			
New Registered Office Padress.			Enter Flori	ida street a	ddress		
	Daytona Bea	nch		, Florida	32117		
		City		_, Florida .	Zij	p Code	
New Registered Agent's Signature, if changing Re	gistered Agent:						
I hereby accept the appointment as registered the provisions of all statutes relative to the pro- accept the obligations of my position as registe being filed to merely reflect a change in the re-	per and comple ered agent as pr	te perform ovided for	ance of my d in Chapter 6	uties, and 108, F.S. C	I am fa Ir, if thi	miliar s docu	with and ment is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address <u>T</u>	ype of Action
MGR	LOTTIE R. JENNINGS	1973 SOUTH CREEK BLVD.	Add
		PORT ORANGE, FL 32128	Remove
MGRM	DONALD GLASSER	1973 SOUTH CREEK BLVD. PORT ORANGE, FL 32128	Auu
		PORT ORANGE, LE 32120	Remove
			Add
			Remove
		TA ELAHASSEE	Add Add
		FLORIDA	1:38
			Add Remove
			Add
			Remove

D. İfan	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated _	
	Condid Glason
	Signature of a member or authorized representative of a member
	Donald Glasser Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2010 DEC 19 PM 1: 38