LOCO 103049

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EXAMINER

COVER LETTER

Division of Corpo				
SUBJECT:	UXURY PART	NIRS LLC.		
		ited Liability Company		
The enclosed Articles of Ar	mendment and fee(s) are sul	bmitted for filing.		
Please return all correspond	dence concerning this matter	r to the following:		
		Name of Person		
		Name of Person		
	LUXUR	LY PARTNERS LL(Firm/Company		
	16950 3	OG ROAD SUITE	102	75
		Address		
	DELRAY	City/State and Zip Code	46 53	}
	T	City/State and Zip Code LIPSICHEROL.CO	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
		to be used for future annual report notificat		= 0
For further information con	cerning this matter, please of	call:	Wro Dro	=
_ Tooo L.	PSICH	at (<u>561)</u> 819 – 54 Area Code & Daytime To	00	
Name of P		Area Code & Daytime To	elephone 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 Sta Certified Copy (additional copy	itus &
Registrati Division o P.O. Box		STREET/COURIER Registration Section Division of Corporation Clifton Building	ons	
Tallahass	ee, FL 32314	2661 Executive Center	r Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUXURY PARTY	UZRS LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on ou Liability Company)	r records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>LOGOOLO3049</u> .		1		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and end with the words "Limit" L.L.C."	ited Liability Company," the	designation "LLC" or the abbreviatio		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		Trips		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ords, enter the name of the nev		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flor	Enter Florida street address		
		, Florida		
	Citv	Zip Code		

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 608, 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 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 Title **Type of Action** <u>Name</u> **Address** 16950 JOG ROAD, SUITE 102 MAD RICHARD SCHILDHORN MGR DELRAY BEACH, FL 33446 Remove ☐ Add Remove Add Remove Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary, Dated JANUARY 2012 Signature of a member or authorized representative of a member 1 DOD LIPSILLY Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00