## 10100040253

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T. CLINE

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EXAMINER

## **COVER LETTER**

TO: Registration Division of C			
SUBJECT:	LUXE COI	LLECTIONS L.L.C.	
	Name of Lin	sited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
		PETER STALEY	
		Name of Person	
	LUX	E COLLECTIONS L.L.C.	
		Firm/Company	
	29	8 NE WAVECREST CT	<u> </u>
		Address	
•	ВС	OCA RATON, FL 33432	
		City/State and Zip Code	
		EY@LUXEVINTAGES.COM (to be used for future annual report notification)	_ 26 26
For further information	concerning this matter, please	•	LCRETAR
PE	TER STALEY	at (561) 558-7399	EE ~
Name	of Person	Area Code & Daytime Telephone Nu	LOSA DE C
Enclosed is a check for	the following amount:		A 40
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	O Filing Fee, ificate of Status & ified Copy itional copy is enclosed)
MAII	ING ADDRESS	STREET/COURTER ADDRES	ç.

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUXE C	<u>OLLECTIONS L.L.C.</u>			_	
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears Limited Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability	Company were filed on	04/16/2007	and	assigne	d
Florida document number L07000040253	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	<u>iited liability company here:</u>	1			
LUXE	VINTAGES, LLC				
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company	y," the designation "I	LC" or th	ne abbre	viation
Enter new principal offices address, if applicable:			******		
(Principal office address MUST BE A STREET ADD	RESS)		Pen	29	
			ें होते क्रिकेट	DE	
			158	5	**************************************
Enter new mailing address, if applicable:			المار مسلما	2	- <del></del>
(Mailing address MAY BE A POST OFFICE BOX)				4	Special bear
·			E E	Æ	<b>3.</b> ,
			Ç	QED.	
B. If amending the registered agent and/or registered agent and/or the new registered office add		r records, <u>enter t</u>	he name	of the	new
tendent and or the new registered office and	ness nere.				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter	Florida street addi	ress		
		, Florida		·- <u>-</u>	
	City		Zip Co	ode	

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 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:

	<u>Name</u>	Address	Type of Acti
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<del></del>			Add Remove
			A DE Add SEE AND SEE A
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	ing any other information, enter chan	ge(s) here: (Attach additional sheets, if necessa	וציו)
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Page 2 of 2

Filing Fee: \$25.00