

LOG 000079265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

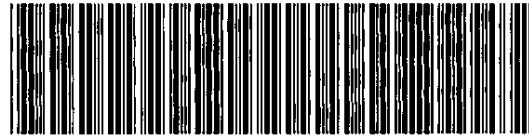
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

AUG 26 2010

EXAMINER



400184515554

08/24/10--01012--002 **25.00

FILED
10 AUG 24 PM 3:38
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lux Housing Solutions, 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:

Donna Perry

Name of Person

Lux Housing Solutions, LLC

Firm/Company

936 Lamboll Avenue

Address

Jacksonville, FL 32205

City/State and Zip Code

stananddonna1@yahoo.com

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

For further information concerning this matter, please call:

Donna Perry

Name of Person

at (904)

591-5532

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**

Lux Housing Solutions, 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 August 18, 2010 and assigned Florida document number L09000079265.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

936 Lamboll Avenue

Jacksonville, FL 32205

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

936 Lamboll Avenue

Jacksonville, FL 32205

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:

Donna Perry

New Registered Office Address:

936 Lamboll Avenue

Enter Florida street address

Jacksonville

Florida

32205

City

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.

Donna Perry
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Donna Perry	936 Lamboll Avenue Jacksonville, FL 32205	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Barbara Jane League	3955 Riverside Avenue, Suite 100 Jacksonville, FL 32205	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Robert M. League	3955 Riverside Avenue, Suite 100 Jacksonville, FL 32205	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated August 18, 2010



Signature of a member or authorized representative of a member

Barbara Jane League

Typed or printed name of signee