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COVER LETTER

Division of Co	rporations	· .	
LUXE PRO	OPERTIES, LLC	!	
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kenneth Damas		
		Name of Person	
	Damas Law		
		Firm/Company	
	300 Sevilla Ave, Suite 306	т ини солирану	
		Address	
	Coral Gables, Florida 3313	4	
·		City/State and Zip Code	
	ken@damaslaw.com		
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
Kenneth Damas		305 460-1119	
		at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	[] \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	tion

P.O. Box 6327
Tallahassee, FL 32314

Registration Section

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUXE PROPERTIES, LLC			
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited I Florida document number	Liability Company were filed on _	9/21/2(X)9	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company l	<u>nere</u> :	
X Properties Florida, LLC			
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbr	reviation "L.L.C."
Saton nous aginaina) offices address (formal)	auhla.		
Inter new principal offices address, if appli	"		
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		-2
			823 (
Inter new mailing address, if applicable:			
		<u> </u>	~ ITI
Mailing address MAY BE A POST OFFICE	<u> </u>	<u>ာ</u> ကိုဟု	
		1. 'O'	
		<u> </u>	34
3. If amending the registered agent and/or		records, enter the name	of the new regis
gent and/or the new registered office addre	ess nere:		
Name of New Registered Agent:	Kenneth Damas, Esq.		
New Registered Office Address:	300 Sevilla Avenue, Suite 306		
	Enter FI	orida street address	
	Coral Gables	, Florida 3313	-1
	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 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.

haging 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:

~ MG	$\mathbf{R} =$	Manager	
AM	BR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
			□Add
			□Remove
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ffective date, if other tan effective date is listed, the lote: If the date inserted ocument's effective date	e date must be specific and in this block does not it.	d cannot be prior meet the applic	able statutory fil	more than 90 day	s after filing.) Pur	suant to 605,020 not be listed a
record specifies a delaye Lis filed.	d effective date, but no	it an effective t	ime, at 12:01 a.n	n, on the earlier	of: (b) The 900	h day after the
November 6		2023				
ated		1 0				
	Signature of a	member or auth	iorixed representat	ive of a member		