

L12000013765

(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:

MAR - 6 2013

L. SELLERS

Office Use Only



500245276525

03/04/13--01016--026 **30.00

FILED
13 MAR -4 PM 12:13
CLERK OF DISTRICT COURT
STATE OF MICHIGAN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LUXURY & LUXURY, 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:

ALEX ORTIZ, CPA

Name of Person

SUAREZ, CEBALLOS, ORTIZ & VEGA, CPA'S

Firm/Company

354 SEVILLA AVENUE

Address

CORAL GABLES, FL 33134

City/State and Zip Code

alex@scovcpas.com

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

For further information concerning this matter, please call:

ALEX ORTIZ

Name of Person

305 448-5255 EXT 3

at ()

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**

LUXURY & LUXURY, 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 01/27/2012 and assigned Florida document number L12000013765.

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)

355 MIRACLE MILE

CORAL GABLES, FL 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

90 SW 3RD STREET # 2306

MIAMI, FL 33131

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:

ALEX ORTIZ

New Registered Office Address:

354 SEVILLA AVENUE

Enter Florida street address:

CORAL GABLES

City

Florida 33134

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.

X Alex Ortiz
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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------------------|-----------------------------------|--|
| MGRM | DANIEL CRISTOBAL CRUZ | 999 PONCE DE LEON BLVD, SUITE 625 | <input type="checkbox"/> Add |
| | | CORAL GABLES, FL 33134 | <input checked="" type="checkbox"/> Remove |
| MGRM | MARGARITA ESCUDERO FERNANDEZ | 999 PONCE DE LEON BLVD, SUITE 625 | <input type="checkbox"/> Add |
| | | CORAL GABLES, FL 33134 | <input checked="" type="checkbox"/> Remove |
| MGRM | FERNANDO DEL RIO GUTIERREZ | 999 PONCE DE LEON BLVD, SUITE 625 | <input type="checkbox"/> Add |
| | | CORAL GABLES, FL 33314 | <input checked="" type="checkbox"/> Remove |
| MGRM | PEREZ, ERIKA RUDI | 999 PONCE DE LEON BLVD, SUITE 625 | <input type="checkbox"/> Add |
| | | CORAL GABLES, FL 33314 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

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> |
|--------------|------------------------------|-------------------------|---|
| MGRM | DANIEL CRISTOBAL CRUZ | 90 SW 3RD STREET # 2306 | <input checked="" type="checkbox"/> Add |
| | | MIAMI, FL 33131 | <input type="checkbox"/> Remove |
| MGRM | MARGARITA ESCUDERO FERNANDEZ | 90 SW 3RD STREET # 2306 | <input checked="" type="checkbox"/> Add |
| | | MIAMI, FL 33131 | <input type="checkbox"/> Remove |
| MGRM | FERNANDO DEL RIO | 888 S. DOUGLAS RD # 903 | <input checked="" type="checkbox"/> Add |
| | | CORAL GABLES, FL 33314 | <input type="checkbox"/> Remove |
| MGRM | ERIKA RUDI | 888 S. DOUGLAS RD # 903 | <input checked="" type="checkbox"/> Add |
| | | CORAL GABLES, FL 33314 | <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.)

Please add FEIN-99-0372949

Dated FEBRUARY 27 2013

X

Signature of a member or authorized representative of a member

MARGARITA ESCUDERO FERNANDEZ

Typed or printed name of signee

Page 3 of 3

Filing Fee: ~~\$25.00~~