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(Add	ress)	
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COVER LETTER

	istration Se ision of Cor		ė.		
SUBJECT:	AMERICAN LUXURY MEDIA LLC				
SOBJECT.			ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		MOUNIR SALHI			
		AMERICAN LUXURY L	Name of Person		
		150 BOARDWALK AVE	Firm/Company #117		
Address OVIEDO, FL 32765					
	City/State and Zip Code				
For further in	aformation c	E-mail address: (oncerning this matter, please ca	to be used for future annual report notiful.	ication)	
MOUNIR S.	ALHI		305 600-2950		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for th	ne following amount:			
□ \$25.00 F	iling 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)	
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 assec, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cerula Tallahassee, F1, 32,	n ations nter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMERICAN LUXURY MEDIA 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 9/27/2012	and assigned
Florida document number L12000123470	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
AMERICAN LUXURY LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	7010
B. If amending the registered agent and/or registered office address on our records,	enter the name of the
egistered agent and/or the new registered office address here:	- 1
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	0
Enter Florida street address	
. Flori	

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.

Cav

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = A	AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action	
			Add	
			□ Remove	
			Change	
		- -	Remove	
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fan effective <u>Note:</u> If th	ate, if other than the educe is listed, the date must be date inserted in this bloom effective date on the Dep	be specific and cannot be p ck does not meet the app	rior to date of filing or mo olicable statutory filing	(optional) re than 90 days after filing.) Pursu requirements, this date will n	ant to 605.0207 of be listed as
	specifies a delayed h day after the reco		not an effective tii	me, at 12;01 a.m. on th	ie earlier of
Dated Sept	ember 9	2019	. ^		
		;			
		Signature of a member or a	uthorized representative of	f a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00