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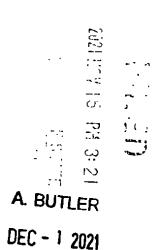
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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	URALLUX, LLC	-		
	Name of Limi	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	CARLOS A.		Œ	
	<u>-</u>	Name of Person	-	
	CURALLUX	LLC.		
		Name of Limited Liability Company fee(s) are submitted for filing. Ing this matter to the following: INAME OF PERSON RACCUX, LLC. Firm/Company SANW 82 ANENUE Address LAME, FL 33126 City/State and Zip Code ARRAWQUE CURALWX.COM -mail address: (to be used for future annual report notification) atter, please call: UQUE _at (786) Area Code S55.00 Filing Fee & S60.00 Filing Fee.		
	1715 N	W 82 AV	ENVE	
	espondence concerning this matter to the following: CARLOS A. ZARRAW QUE Name of Person CURALUX, LLC Firm/Company 1715 NW 82 ANENUE Address MLAMI, FL 33126 City/State and Zip Code CZARRAWQUE CURALUX. COM E-mail address: (to be used for future annual report notification) for concerning this matter, please call: A. ZARRALUQUI me of Person at (786) Area Code S88 - 1875 Daytime Telephone Number for the following amount: ce S30.00 Filing Fee & Certificate of Status Certificate of Status Street Address: Registration Section Division of Corporations 6327 The Centre of Tallahassee			
	IMAIM	, FL 33	1126	
		_		
	E-mail address: (1	to be used for future annu	al report notification	on)
For further information con	ncerning this matter, please co	all:		
CARLOS A.	ZARRALUQUE	at (786)	888-19	675
Name of	Person	Area Code	Daytime Tel-	ephone Number
Enclosed is a check for the	-			
≤ \$25.00 Filing Fee	☐ \$30.00 Filing Fec & Certificate of Status	Certified Copy		Certificate of Status & Certified Copy
Mailing Address: Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	Regis Divis The C 2415	tration Section ion of Corpora Centre of Talla N. Monroe St	ations hassee reet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

		- -		. c pid 24	21
CURN	LLUX,	LLC		15 PH 3:	
(Name of the Limite	d Liability Co A Florida Limi	mpany as it now ted Liability Cor	r appears on our rec npany)	cords.)	•
The Articles of Organization for this Limited Lia		any were filed	Ion 10/15	12012	and assigned
Florida document numberL12 00013	<u>0767</u> .				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited	iability comp	oany here:		
The new name must be distinguishable and contain the we	ords "Limited L	iability Compan	y," the designation "	LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applica	able:				
(Principal office address MUST BE A STREE)	T ADDRESS	2			
		<u></u>			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE I	<u>80X)</u>				
B. If amending the registered agent and/or reagent and/or the new registered office addres	•	ice address o	ı our records, <u>en</u>	ter the name	of the new registers
Name of New Registered Agent:	Don	aenigo	A. Mor	RELRA	_
New Registered Office Address:		r.	nter Florida street ad	drave	
		£			
		City:		, Florida	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.

If Changing 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Change
			□Add
			Remove
			Cl Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			
			Remove
			☐ Change
			□Add
			□Remove
			□Change

II amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an effec <u>Note:</u> H	e date, if other than the date of filing:
e record rd is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the i.
Dated _	NOVEMBER 4 2021
	Gi ala
	Signature of a member or authorized representative of a member
	()
	Typed or printed name of signee

Filing Fee: \$25.00