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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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T. Buron-DEC: 15 2020

COVER LETTER

TO: Registration Sectorial Division of Corp		*	
SUBJECT:	Luxury Outd	d Liability Company	•
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	Lawren	Ce Galdonik Name of Person	
	Luxur	Outdoor Livin	g LLC.
	11738	Moste Vista Re	<u> </u>
	Clerm	ont FC 34711 City/State and Zip Code Oaron Oal. Con belied for fixture annual report not theat	
	E-mail address: (to	betweed for fitture annual report not the ati	<u>ω</u>
For firther information co	ncerning this matter, please cal	u :	
Law I	ence Galdon Person	Area Code & Daytine Te	2.76 Jephone Number
Enclosed is a check for the	-		
\$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	Outdoor L	- ivina
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now apper inited Liability Company	ars on our records.)
The Articles of Organization for this Limited Linbility C Florida document number <u>L13000</u> 7962		6/1/2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company h	<u>616</u> :
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Com	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE.4 POST OFFICE BOX)</u>		FLED 18 DEC -2 PM ALLAHASSEE, FL
B. If amending the registered agent and/or regist registered agent and/or the new registered office addi	ered office address on ress here:	our records, enter≥the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	E	nter Florida street address
		Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent and agree to act in this capacity. Ifinther 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGRM</u>	Bruno Bartschi	13937 Monte Vista Rd	
		dermont, FL 34711	Remove
			Add
			Remove
		>	<u></u>
			Remove
		LORIDA,	l: 2 2
			Add
			Remove
			_
	Marie 2		Add
			Remove
			Add
			Remove

			
 	,		
11/20	. 2013		
	ignature of a member or authorized repr) Muso	3a
	Bartschi Typed or printed name of		

Page 3 of 3

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