# 13000136461

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SLOKE SARY OF STACE TALLAHASSEE, FLOPIO:

B. BOSTICK
NOV 18 2013

## COVER LETTER

TO: Registration Section ;
Division of Corporations

SUBJECT: Luxury Remodel 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:

	Tomer Manr	1	
		Name of Person	·
	Luxury Rem	odel LLC	
		Firm/Company	<del></del>
	1332 NE 16	th Ave. #2	
	-	Address	
	Ft. Lauderda	ale, FL 33304	
		City/State and Zip Code	
	luxuryremodelfl@	gmail.com	
	E-mail address: (	to be used for future annual report notificat	ion)
For further information	concerning this matter, please c	all:	2013 NOV 15 GREGARITARS
Tomer Mar	าท	at (813 ) <b>294-949</b>	2 ASSET
Name (	of Person	Area Code & Daytime T	elephone Number 775 F
Enclosed is a check for t	the following amount:		<b>5 5</b>
■ \$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

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L(	JXURY REMODEL LLC			
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on ou a Limited Liability Company)	r records.)		•
The Articles of Organization for this Limited Liability Florida document number L13000156461	•		and assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company here:			
The new name must be distinguishable and end with the w"L.L.C."	ords "Limited Liability Company," the	designation "LLC	" or the ab	breviation
Enter new principal offices address, if applicable:			<del></del>	
(Principal office address MUST BE A STREET ADL	DRESS)			
Enter new mailing address, if applicable:		TALL AH	1013 NO	· ·
(Mailing address MAY BE A POST OFFICE BOX)		300 cm	<u>ت</u> -	
				1 :
B. If amending the registered agent and/or regi			<i>-</i>	
B. It amending the registered agent and/or regi registered agent and/or the new registered office ad	istered office address on our rec ldress here:	cords, enter the	name_of	the new
		•		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flor	rida street addres	S	
<del></del>		_, Florida		
	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 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.

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 **Title** Name **Address Type of Action** 309 Saint Ida Circle **MGRM** Stephen M Sagun Lafayette, CO. 80026 Remove Remove Remove

- t	11/12/15
	Signature of a member or authorized representative of a member  Tomer Mann
	Typed or printed name of signee

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Filing Fee: \$25.00

2013 NOV 15 PM 4: 4