

To: AMMENDMENT AMMENDMENT

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2024-05-28 19:40:10 GMT

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From: Armando Vasquez

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Florida De

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cover sheet. type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CITI TAXES LLC
Account Number : I20230000131
Phone : (305)803-4427
Fax Number : (305)402-6230

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: citi.taxes@yahoo.com

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LUXE INNOVATION LLC

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MAY 29 2024

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COVER LETTER

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TO: Registration Section
Division of Corporations

LUXE INNOVATION LLC

SUBJECT: _____
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

ARMANDO VASQUEZ

Name of Person

CITI TAXES LLC

Firm/Company

5721 NW 112TH AVE

Address

DORAL, FL 33178

City/State and Zip Code

CITI.TAXES@YAHOO.COM

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

For further information concerning this matter, please call:

ARMANDO VASQUEZ

305 803-4427
at (_____) _____

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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LUXE INNOVATION 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 03/24/2014 and assigned Florida document number 1.14000047887.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DELUXE INNOVATION LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3403 NW 82nd Ave Ste 101A

(Principal office address MUST BE A STREET ADDRESS)

Doral, FL 33122

Enter new mailing address, if applicable:

3403 NW 82nd Ave Ste 101A

(Mailing address MAY BE A POST OFFICE BOX)

Doral, FL 33122

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:New Registered Office Address:3403 NW 82nd Ave Ste 101A*Enter Florida street address*Doral*City*Florida 33122*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

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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

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Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If the record 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 record is filed

Dated MAY 28

2024

Signature of a member of the

Signature of a member or authorized representative of a member

MARIA E PINEDO

Typed or printed name of signee

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Filing Fee: \$25.00