## 114000064954

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: LUXUNIOUS ESSENTIALS, 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:
Lym Iseman Name of Person
Luxurious Essentials, LLC Firm/Company
12749 Dogwood Hill Drive
Jacksonville Florida 32223  City/State and Zip Code
Projection & yahoo, Com  E-mail address: (to be justed for future annual report notification)
For further information concerning this matter, please call:
Lynn Iseman at (305) 753-7649 ====================================
Name of Person  Area Code  Daytime Telephone/Number  Enclosed is a check for the following amount:
Enclosed is a check for the following amount:
S25.00 Filing Fee \$\sum \$\$30.00 Filing Fee & \$\sum \$\$\$\$\$ \$\sum \$\$\$\$\$\$\$\$\$\$\$\$ \$Certificate of Status & \$Certified Copy & \$Certificate of Status & \$\sum \$

**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

LUXUSIOUS ESS (Name of the Limited Liab (A Flori	entials LLC - ility Company as it now appears on our records.)	
The Articles of Organization for this Limited Liability Florida document number 140006495	Company were filed on Pril 18, 201	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line Your Essentials Your The new name must be distinguishable and contain the words "Line new name of the line words" "Line new name of the line words "Line new name of the line words "Line new name of the line words" "Line new name of the line new name of the line words "Line new name of the line new name of the	duds.LLC	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>(Principal office address MUST BE A STREET ADL</u>	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg	·	r the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	Par Co
	, Florida	Zip Code
		, and a second s

## 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>	<u>Address</u>	Type of Action
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If amending any other information, enter change(s) here: (Attach additional sheets, if nec	essary.)	
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(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	onal) r filing.) Pursuant to 60	3.0207
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.		ted as t 2⊖
the record specifies a delayed effective date, but not an effective time, at 12:01) The 90th day after the record is filed.	a.m. on the earl	ier of:
Dated June 12, 2017.		
Signature of a member or authorized representative of a member		
Lynn Tseman MGR		

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Filing Fee: \$25.00