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COVER LETTER

TO:	Registration Sec Division of Corp	ction porations		
CUD IEC	LUXE RET	AIL PARTNERS, LLC		
SUBJEC				
The enck	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspoi	ndence concerning this matter	to the following:	
		David Doan-Huynh		
			Name of Person	
		FARADAY HOLDINGS,	LLC	
			Firm/Company	
		5036 Dr. Phillips Blvd., #2	212	
			Address	
		Orlando, FL 32819		
		•	City/State and Zip Code	
		dhuynh7@gmail.com		
		E-mail address: (to be used for future annual report notifi	cation)
For furth	er information ec	oncerning this matter, please ca	ıll:	
David Do	oan-Huynh		at () Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	00 Filing Fec	□ \$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

LUXE RETAIL PARTNERS, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records a Limited Liability Company)	_)
The Articles of Organization for this Limited Liability (Company were filed on 08/12/14	and assigned
Florida document number L14000126352	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
FARADAY HOLDINGS, LLC		
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		<u> </u>
Enter new mailing address, if applicable:		. ජ් ^භ
(Mailing address MAY BE A POST OFFICE BOX)		
Mining unitess MAT BE AT OST OFFICE BOAT		13
		: ā
B. If amending the registered agent and/or registered agent and/or the new registered office add		, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
			Remove
			☐ Change
		Marcon	□ Add
			Remove
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P P. P42	ive date, if other than the date of filing:(optional)
(If an eff	ective 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 605.02
Note: docum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
	·
If the rec	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
(b) The	90th day after the record is filed.
Dated	
	. 2 / - //

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Typed or printed name of signee

Filing Fee: \$25.00