## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LUXE HOME STUDIOS, LLC

| Certificate of Status | 0       |
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|  |   | Studios, LLC   |                              |   |               |
|--|---|--|------------------------------|---|---------------|
| Name of the Limited Liabil (A Florid   | ity Compa<br>a Limited L                          | ny as it now appears on our rec<br>liability Company)                                | ords.)                       |   |               |
| The Articles of Organization for this Limited Liability C<br>Florida document number L14000138210  | Совіраду<br>                                      | were filed on 09/04/2014   |                              | and assign                                      | ped           |
| This amendment is submitted to amend the following:  |   |  |                              |   |               |
| A. If amending name, enter the new name of the lim   | ited liab   | lity company here:   |                              |   |               |
| Allure Cabinetry, LLC  |   |  |                              |   |               |
| The new name must be distinguishable and contain the words 'Lie  | mited Liabil                                      | ity Company," the designation "  | LLC" or the ab               | breviation 'LL.                                 | 3.H           |
| Enter new principal offices address, if applicable:  |   | 3573 Mercantile Ave., Suit   | te 101                       |   |               |
| (Principal office address MUST BE A STREET ADD.  | RESS)   | Naples, Florida 34104-339  | 1                            |   |               |
|  |   | <del>-</del>   |                              |   |               |
| Enter new mailing address, if applicable:  |   | 3573 Mercantile Ave., Suit   | te 101                       |   |               |
| (Mailing address MAY BE A POST OFFICE BOX)   |   | Naples, Florida 34104-339  | 1                            |   |               |
| registered agent and/or the new registered office add  Name of New Registered Agent:  Name of New Registered Agent:  | d <u>ress</u> hen                                 | <u>c</u> :   |                              |   |               |
| 14ming of 14d Hogenstott Skott.  |   | ,  |                              |   |               |
| New Registered Office Address:   | ·   | Enter Florida street aa  |                              |   |               |
|  |   | 1,744.7 1 107 (22 317 EG1 114  | (C) (G)                      | 7. <u> </u>                                     |               |
| ***  |   | City   | , Florida                    | Zip Code  |               |
| New Registered Agent's Signature, if changing Register   | ad Acent  | • •  |                              | <b>3 2</b>                                      | 1             |
| I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change | t and agr<br>complete<br>agent as p<br>red office | ee to act in this capacity.<br>performance of my duties<br>provided for in Chapter 6 | , and I am j<br>05, F.S. Or, | ree to comply<br>familiar with<br>if this desum | and<br>ent is |
|  | n/a   |  |                              |   |               |
| •  | If Char   | nging Registered Agent, Signat   | ure of New Re                | pistered Agent                                  |               |
|  | Page :  | 1 of 3   |                              |   |               |

## H160000162283

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

| Title       | Name | Address | Type of Action    |
|-------------|------|---------|-------------------|
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| ffective date, if other than the date of filing:  |                                    |  | (optional)                            |  |                       |           |
| an effective date is listed, the date must be specific and cannot be prior to devote: If the date inserted in this block does not meet the applicable | late of filing or<br>statutory fil | more than 90 da<br>ing requiremen      | ys after filing.)<br>its, this date i | Pursuant<br>vill not b                 | to 605.0<br>se listed | 20<br>1 a |
| ocument's effective date on the Department of State's records.  |                                    |  |                                       |  |                       |           |
| e record specifies a delayed effective date, but not a  | n effective                        | tlme, at 12                            | :01 a.m. d                            | n the e                                | earller               | - D       |
| The 90th day after the record is filed.   |                                    |  |                                       |  |                       |           |
| January 14 2016   |                                    | 7                                      |                                       |  |                       |           |
| Dated   |                                    |  |                                       |  |                       |           |
| Agred   |                                    |  |                                       |  | _                     |           |
| la fall of  | ed representati                    | ve of a member                         |                                       |  |                       |           |
| Signature of a member or authorize  William Spinelli  |                                    | ve of a member                         |                                       |  |                       | •         |

rage 2 or

Filing Fee: \$25.00

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