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| Special Instructions to F | iling Officer: | |
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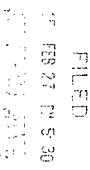
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COVER LETTER

| TO: Registration Sect Division of Corpo | | | | | |
|---|---|---|-----------------|---------------------------------------|----|
| | p Development LLC | | | | |
| SUBJECT: | Name of Lin | nited Liability Company | | | |
| | mendment and fee(s) are sub lence concerning this matter | _ | | | |
| | Joshua Colter | | | | |
| | + / | Name of Person | | | |
| | Luxe Interior Design | n and Finishing | | | |
| | | Firm/Company | | | |
| | 2800 Biscayne Blvd | I. Ste 530 | | | |
| | | Address | | | |
| | Miami, FL 33137 | | | 7 | |
| | | City/State and Zip Code | | F.58 | 1 |
| | joshua.colter@gmail | .com (to be used for future annual report notifies | otion) | | |
| For further information con | cerning this matter, please of | • | шон | ر مند مند المراجعة مند المراجعة | |
| Joshua Colter | | 646 467-1245 | | : " | |
| Name of P | erson | Area Code Daytime T | elephone 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) | Certified (| e of Status & | |

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 Group Development LLC | | |
|---|---|--------------------------|
| (Name of the Limited Liabili (A Florida | ity Company as it now appears on our records.) a Limited Liability Company) | |
| The Articles of Organization for this Limited Liability C Florida document number <u>L14000191265</u> | Company were filed on December 16, 201 | and assigned |
| This amendment is submitted to amend the following: | _ | |
| A. If amending name, enter the new name of the lim | ited liability company here: | |
| Luxe Investment Group LLC | | |
| The new name must be distinguishable and end with the words "Lie | mited Liability Company," the designation "LLC" or the | ne abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDI | <u> </u> | 1713 2 |
| | | , ; 1 , , , |
| | | - G - 1 |
| Enter new mailing address, if applicable: | | 27 |
| Mailing address MAY BE A POST OFFICE BOX) | *************************************** | -, 5 |
| | | U) |
| | | 30 |
| 3. If amending the registered agent and/or registered agent and/or the new registered office add | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| New Registered Office Audress. | Enter Florida street address | |
| | , 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 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

| MGR = Max AMBR = Aa | anager uthorized Member | | |
|---------------------|--|---|---------------------|
| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
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| | mation, enter change(s) here: (Attach additional | sneets, y necessary.) |
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| Effective date, if other than The effective date must be specific, of the date this document is filed by the | the date of filing: cannot be prior to date of receipt or filed date and cannot be mo e Florida Department of State) | (optional) re than 90 days after |
| the date this document is filed by th | the date of filing: | (optional) re than 90 days after |
| Effective date, if other than The effective date must be specific, of the date this document is filed by the Dated February 24 | e Florida Department of State) | (optional) re than 90 days after |
| the date this document is filed by th | e Florida Department of State) | - |

Page 3 of 3

Filing Fee: \$25.00