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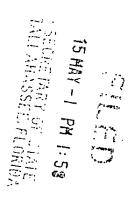
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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J. SHAVERS MAY OR STORY

COVER LETTER

TO: Registration Division of C	Section Corporations		*
	OA LUXURY GROUP		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	CHARISSE MATHEWS		
		Name of Person	
		Firm/Company	
	2144 SEVEN SPRINGS B	·	
	-	Address	
	TRINITY FL 34655		
		City/State and Zip Code	
	CHARISSESELLSLUXUR	_	
		to be used for future annual report notifi	cation)
For further informatio	n concerning this matter, please c	all:	
CHARISSE MATHE	ws	727 808-7639 at ()	
Nam	e of Person		Telephone Number
Enclosed is a check for	or 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA LUXURY GROUP

(Name of the Limited Liability Company as it now appears on our records.)

(A Frontia L	mined Diabinty Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 04/09/2015	and assigned
Florida document number L15000062453	e.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
CHARISSE MATHEWS, LLC		
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	:SS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office address		nter the name of the n
Name of New Registered Agent:		The Table
Name of New Registered Agent: New Registered Office Address:		T2 2 m
•	Enter Florida street address Florid	PH 1:58

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 $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		·	Remove
			□ Change
	 		
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	re date, if other than the date of filing: (optional)- ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pu		605 020

Page 3 of 3

Filing Fee: \$25.00