

L15000130003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren

OCT 24 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LÜXXOR ENTERPRISES, 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:

FERNANDO SILVA

Name of Person

CAMPANA GROUPS. INC

Firm/Company

1761 W. HILLSBORO BLVD # 324

Address

DEERFIELD BEACH, FL 33442

City/State and Zip Code

FERNANDO@CAMPANAGROUPS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FERNANDO SILVA

954

228-0706

at ( )

Name of Person

Area Code

Daytime Telephone 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)

☐ \$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

## Page 1 of 3

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>	<u>Type of Action</u>
AMBR	JANDER P DA ROCHA	5361 W HILLSBORO BLVD # 208	<input type="checkbox"/> Add
		COCONUT CREEK, FL 33073	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RAQUEL VANESSA ZANETTI	5361 W. HILLSBORO BLVD # 208	<input type="checkbox"/> Add
		COCONUT CREEK , FL 33073	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TAMMIE L. FLORIDA

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☐ Add  
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☐ Change

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(b) The 90th day after the record is filed.

Typed or printed name of signee

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