

L15 000203731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

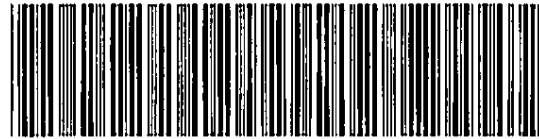
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 NOV 12 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REC'D
NOV 12 2019

COVER LETTER

TO: Registration Section
Division of Corporations

~~850-245-6050~~
✓ (850)-245-6050

SUBJECT: LUXURIA DESIGN LLC
Name of Limited Liability Company
DBA: LUXURIA MOBILE BOUTIQUE / LUXE

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

REBECCA TEDDER
Name of Person

LUXURIA DESIGN LLC
Firm/Company

1515 N. FEDERAL HWY SUITE 300
Address

BOCA RATON, FL 33432
City/State and Zip Code

Rebecca.Luxemb@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REBECCA TEDDER at 917 991-4480 CONFIDENTIAL
Name of Person Area Code Daytime Telephone Number
(561) 847-3555 OFF

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee
#1502
- ☐ \$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)

OK PAYABLE TO:
FLA. DEPT OF STATE

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

7 @ SENT BOTH WAYS

TO
ARTICLES OF ORGANIZATION
OF

LUXURIA DESIGN LLC

FILED

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

The Articles of Organization for this Limited Liability Company were filed on 9-7-2019 and assigned

Florida document number L15000203731

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited 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 ADDRESS

1515 N. FEDERAL HWY

SUITE 300

BOCA RATON, FL 33432

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

REBECCA TEDDER

New Registered Office Address:

1515 N. FEDERAL HWY - SUITE 300

Enter Florida street address

BOCA RATON

Florida

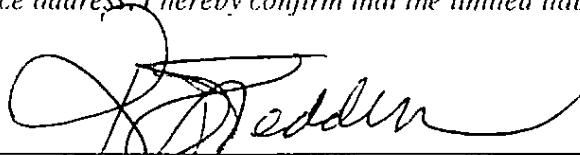
33432

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

R. TEDDER

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	REBECCA TEDDER	1515 N. FEDERAL HWY	<input checked="" type="checkbox"/> Add
		SUITE 300	<input type="checkbox"/> Remove
		BOCA RATON, FL 33432	<input type="checkbox"/> Change
M	JANEY BASS	MINORITY PARTNER	<input type="checkbox"/> Add
		NOT MANAGER	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
owner	REBECCA	1515 N Federal Hwy	<input checked="" type="checkbox"/> Add
	Tedder	ste 300	<input type="checkbox"/> Remove
55%	Share	Boca Raton FL 33432	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

~~REMITTANCE PAYMENT~~

~~ABRAHAM T. M.~~

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated

9-30-2019

~~R. TENDER~~

R. TENDER

Signature of a member or authorized representative of a member

10-24-2019

~~JANE BASS~~

JANE BASS

Typed or printed name of signee