15000213550

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COVER LETTER

Division of Co	rporations	13		
SUBJECT:	CLH L	UXE LLC		
Sebyber.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Ch	nristina Hammontree		
	-	Name of Person		
		CLH LUXE LLC		
		Firm/Company		
	3300	Port Royale Dr #403		
	Address			
	Fort	Lauderdale, FL 33308 City/State and Zip Code		
	Chrise	syhammontree@yahoo.c	vom	
	E-mail address: (to be used for future annual report notifi	cation)	
For further information of	concerning this matter, please c	all:		
Beck Hammont	ree	_{at (} 954 ₎ 870 - 9	954	
Name o	of Person		Telephone Number	
Enclosed is a check for t	he 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)	
MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLH LUXE LLC

(Name of the Limited L (A F	ability Company as it now appears on our records.) lorida Limited Liability Company)		
The Articles of Organization for this Limited Liabili Florida document number L15000213550	ity Company were filed on DECEMBER 28, 2015	and assign	ned
This amendment is submitted to amend the following	eg:		
A. If amending name, <u>enter the new name of the</u>	limited liability company here:		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.(C."
Enter new principal offices address, if applicable			
Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter	the name of	the
egistered agent and/or the new registered office	<u> </u>		· ·
		<u> </u>	1
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:		[5] ∵	(]
· ·	Enter Florida street address	<u> </u>	
	, 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CHRISTINA HAMMONTREE	3300 Port Royale Dr N #403 Fort Lauderdale, FL 33308	
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effective date is listed, the date must be specific ar te: If the date inserted in this block does not	nd cannot be prior to	o date of filing or m	ore than 90 days afte	r filing.) Pursuan	t to 605.0
cument's effective date on the Department of	State's records.		6 · · · · · · · · · · · · · · · · · · ·		
record specifies a delayed effective he 90th day after the record is filed		an effective t	ime, at 12:01	a.m. on the	earlie
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Filing Fee: \$25.00