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(Re	equestor's Name)		
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K.SALY EXAMINER APR - 7

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: All LUXUTY	Imports LLC Jame of Limited Liability Company
The enclosed Articles of Amendment and fee	e(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Ali C	Chekhali Name of Person
	DXUSY Imports LLC Firm/Company
7133 SV	V 115 PL, Unit E Address
Miami, F	-L 33173 City/State and Zip Code
<u>Chekhal</u> E-ma	City/State and Zip Code i @gmail.Com ail address: (to be used for future annual report notification)
For further information concerning this matter	
Ali Chekhali	at (305) 399-0599 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amoun	t:
\$25.00 Filing Fee S30.00 Filing Certificate of	

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

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2.1. 1	-14	* M.1	PK 12: 32
All Luxury Impa	orts LLC	MILAH	Marion of the second
(Name of the Limited Liab) (A Flori	da Limited Liability Compan	y)	MELTERY PARIS
The Articles of Organization for this Limited Liability	Company were filed on	3/14/2016	and assigned
Florida document number <u>L/60005/801</u>	Company were med on		and assigned
Florida document number 21000037801	·'		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company	here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," th	ne designation "LLC" or the	; abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			. the many of the mon
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		on our records, ent	er the name of the new
Name of New Registered Agent:			
Naw Pagistared Office Address:			
New Registered Office Address:	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 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 Type of Action **Address** Title Name Ali Chekhali AMBR 7133 SW 115 Pl. Unit E RAdd Miani FL 33173 ☐ Remove ☐ Change □ Add ☐ Remove _□ Change Change 7. 32 - Add 32 ☐ Remove _____ Remove ____ Change ☐ Remove _ Change

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	(IV_A)	I WY	Y						

Page 3 of 3

Filing Fee: \$25.00