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(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL.		
(Bu	ısiness Entity Nan	ne)		
(Do	ocument Number)	<u>.</u>		
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COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT:	LUXULY Name of Link	Listings LLC ted Liability Company		
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please return all correspond	dence concerning this matter t	to the following:		
		Ay CARLICL Name of Person		٠.
	Luxuy	Listings, LLC Firm/Company		;
	2041	NE Sample Road	Ste 4	
	Light	house Point, FL City/State and Zip Code	33064	
	E-mail address: (to	Luxuly isting IL. co		77
For further information cor	ncerning this matter, please ca	ıll:	ASS	
Name of I	AWill Person	at (54) 441 - Area Code Daytime Te	- 7100 To elephone Number 35 N	
			O9 RIBA	
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

TO ARTICLES OF ORGANIZATION **OF**

	y Company as it now appears on our records. Limited Liability Company)	<u>)</u>	
The Articles of Organization for this Limited Liability Co		16 and as	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regist		enter the mame	of the new
registered agent and/or the new registered office addr	<u>'ess here</u> :	PR -U	
Name of New Registered Agent:		<u> </u>	-
New Registered Office Address:	Enter Florida street address	2: 0.9	
	, Flor		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered	l 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

or removed from our records:

MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> **Address Type of Action** ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove

☐ Change

Effective date, if other than the date of filing:
(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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements; this date will not be listed as
document's effective date on the Department of State's records.
the record specifies a delayed effective date, but not an effective time, at 12 of a.m-on the earlier of) The 90th day after the record is filed.
والمنافي والمنافية
Dated 3 3 16
, , ,
an Canier
Signature of a member or authorized representative of a member
TNIT ON 0:010
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00