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## **COVER LETTER**

Please return all correspondence concerning this matter to the following:    Carlie Goulet	Division of Cor		•	5
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:    Carlie Goulet	American l	Home Realty Group, LLC		
Name of Person  Lux Management Group LLC  Firm/Company  3920 South Rural Road Suite 110  Address  Tempe. Arizona 85282  City/State and Zip Code  Carlie@GouletGroup.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Carlie Goulet  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  Esco.00 Filing Fee  Certificate of Status  Certified Copy  (Certificate of Status  Certified Copy  (additional copy is enclosed)	SUBJECT:	Name of Lim	ited Liability Company	
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Name of Person  Lux Management Group LLC  Firm/Company  3920 South Rural Road Suite 110  Address  Tempe. Arizona 85282  City/State and Zip Code  Carlie@GouletGroup.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Carlie Goulet  Name of Person  At 480  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  Esco.00 Filing Fee  Certificate of Status  Certified Copy  (Certificate Of Status  Certified Copy  (Certified Copy  (Certificate Of Status  Certified Copy)				
Lux Management Group. LLC		Carlie Goulet		
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Tempe. Arizona 85282  City/State and Zip Code  Carlie@GouletGroup.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Carlie Goulet  at (480 ) 442-1442  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{align*} \text{S25.00 Filing Fee} & \text{S60.00 Filing Fee} & \text{Certified Copy} &		3920 South Rural Road Su	nite 110	
City/State and Zip Code  Carlie@GouletGroup.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Carlie Goulet  Area Code  Name of Person  Enclosed is a check for the following amount:  See S25.00 Filing Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)  City/State and Zip Code  Language Code  Area Code  Daytime Telephone Number  S60.00 Filing Fee, Certified Copy  (certified Copy  (additional copy is enclosed)  Certified Copy			Address	
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Carlie Goulet  Area Code  Solve Telephone Number  Enclosed is a check for the following amount:  Solve Solve Tiling Fee Certificate of Status  Certified Copy (additional copy is enclosed)  Carlie Goulet  Solve Used for future annual report notification)  Area Code  Daytime Telephone Number  Solve Solve Tiling Fee Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy		Tempe, Arizona 85282		
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Carlie Goulet    Area Code			to be used for future annual report notific	cation)
Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:   \$\Begin{array}{l} \alpha \\ \ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	For further information c	oncerning this matter, please ca	all:	
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■ \$25.00 Filing Fee	Name o	f Person	Area Code Daytime	Telephone Number
Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy	Enclosed is a check for th	ne following amount:		
	\$25.00 Filing Fee		Certified Copy	Certificate of Status &
Mailing Address:  Registration Section  Registration Section				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

American Home Realty Group, LLC			
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it a Limited Liability	now appears on our record Company)	<u>ds.)</u>
The Articles of Organization for this Limited Liability C	lompany were f	iled on <u>04/19/2016</u>	and assigned
Florida document number L16000075372	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability co	mpany here:	
Lux Management Group, LLC			
The new name must be distinguishable and contain the words "Lim	rited Liability Com	pany," the designation "LL"	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered	d office addres	s on our records, <u>ente</u>	r the name of the new registere
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	_		
		Enter Florida street addre	*SS
	_		lorida
·	Ci	y	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 =	<b>Authorized Member</b>	

<u>Title</u>	<u>Name</u>	Address	Type of Action
		·	□Add
			Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change
			□ Add
			□Remove
			[]Change
			□Remove
			□Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 September 24 2023 Signature of a member or authorized representative of a member Carlie Coulet Typed or printed name of signee

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