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COVER LETTER.

го:	Registration Section Division of Corporation			
SUBJE	ЕСТ:	Lyxara Name of Limited	Liability Company	
Γhe en	closed Articles of Ar	nendment and fee(s) are submit	ted for filing.	
Please	return all correspond	lence concerning this matter to t	he following:	
		Juan	Tuun Name of Person	
			Firm/Company	
		5155 Madisur	1 lake Cercle	East
		davie,	Address Livida 3332 City/State and Zip Code Tand gmul City annual report notific	<u></u>
		Gennux 7	tnan@ gmwl C e used for futurgannual report notifi	cation)
For fur	ther information con	cerning this matter, please call:		
Je	ny) Xu Name of F	un Than Person	at (954) 672 - 2	Telephone Number
Enclos	ed is a check for the	_		
□ \$ 2	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Luxara, ll	C		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on o Liability Company)	ur records.)	 _
The Articles of Organization for this Limited Liability Company	were filed on June	1,2016	_ and assigned
Florida document number 11600010417!			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designat	11.5	
Enter new principal offices address, if applicable:			3
(Principal office address MUST BE A STREET ADDRESS)		3A	The second second
		A3	TI
		S	<u> </u>
Enter new mailing address, if applicable:		STAT	=
(Mailing address MAY BE A POST OFFICE BOX)		A	Ž
_			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our	records, enter th	e name of the nev
agent and the new registered office address her	<u>v</u> .		
Name of New Registered Agent:			
			_
New Registered Office Address:	Enter Florida stre	eet address	
		, Florida	
	City	rivilua	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 <u>Address</u> Type of Action Title Name 5155 Madison lake Cir. E devid Fl 33328 Hoa Thuan Nguyen MGR Remove _□ Change MGR KieuTran 4748 Village Way 🔀 Add davie FL 33314 ☐ Remove Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Remove □ Change

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rective date, if other than the date of filing: n 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 605.02 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier fine 90th day after the record is filed. Signature of a member of authorized representative of a member of the file of				
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Filing Fee: \$25.00