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COVER LETTER

	gistration Sectivision of Corp						
SUBJECT:		UXURY, LLC					
SOBJECT.			ed Liability Company				
The enclose	d Articles of A	mendment and fee(s) are subm	uitted for filing.				
Please retur	n all correspon	dence concerning this matter to	the following:				
		FERNANDO SILVA					
			Name of Person				
Firm/Company							
		123 NW 13TH ST #3047					
			Address				
		BOCA RATON, FL 33432					
		FERNANDO@SKYTRUST					
		E-mail address: (to	be used for future annual report notific	ation)			
For further	information co	oncerning this matter, please cal	N:				
FERNANL	OO SILVA		561 463-2557				
	Name of	Person	at () Area Code Daytime T	Telephone Number			
Enclosed is	a check for th	e following amount:					
■ \$25.00		S30.00 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

LUXXOR LUXURY, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{10/18/2016}{10/18/2016}$ and assigned Florida document number 1.16000191974 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LUXXOR HOME DESIGN, LLC The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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.

City

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 bein or removed from our records: MGR = Manager AMBR = Authorized Member <u>Address</u> Type of Acti Title **Name** _□ Add □ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change DbA □ _□ Remove ☐ Change □ Add ☐ Remove ☐ Change

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n effective date is listed, the date must bote: If the date inserted in this bloccument's effective date on the Dep	e specific and cannot k does not meet the	e applicable st	of filing or more th atutory filing req	an 90 days after fil	ing.) Pursuant to 605.0
record specifies a delayed The 90th day after the reco	effective date, lod is filed.	but not an e	effective time	at 12:01 a.r	n. on the earlie
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Page 3 of 3

Filing Fee: \$25.00