



## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 33rd and Luxe, LLC**

\_\_\_\_\_  
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:

Alysha A. Roper

\_\_\_\_\_  
Name of Person

33rd and Luxe, LLC

\_\_\_\_\_  
Firm/Company

500 NW 2nd Avenue #696

\_\_\_\_\_  
Address

Miami, FL 33101

\_\_\_\_\_  
City/State and Zip Code

33rdandluxe@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alysha A. Roper

305 814- 8755

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

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



**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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Alysha A. Roper	500 NW 2nd Avenue #696	<input checked="" type="checkbox"/> Add
		Miami Florida 33101	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Errol P. Dykes	500 NW 2nd Avenue #696	<input type="checkbox"/> Add
		Miami Florida 33101	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Alysha A. Roper	500 NW 2nd Avenue #696	<input checked="" type="checkbox"/> Add
		Miami Florida 33101	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Errol P. Dykes	500 NW 2nd Avenue #696	<input checked="" type="checkbox"/> Add
		Miami Florida 33101	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 11/06/06 2:50 PM  
 FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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 \_\_\_\_\_

Handwritten signature of Alysha A. Roper

Signature of a member or authorized representative of a member

Alysha A. Roper

Typed or printed name of signee

FILED
18 OCT - 2 P 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA