116000202877

(Requestor's Name)
·
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100292672581

12/02/16--01010--029 **60.00

THE SEC -2 P 2: 50; ECRETARY OF STATE LAHASSEE, FLORIDA,

S Warren DEC 0 5 2016

COVER LETTER

	gistration Sec vision of Corp		
SUBJECT:	33rd and L	Luxe, LLC	
oobject.		Name of Limited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are submitted for filing.	
Please return	all correspor	ondence 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 in	nformation co	oncerning this matter, please call:	
Alysha A. F	Roper	305 814-8755	
	Name of		Number
Enclosed is a	a check for th	he following amount:	
□ \$25.00 F	Filing Fee	Certificate of Status Certified Copy C (additional copy is enclosed)	0.00 Filing Fee, lertificate of Status & ertified Copy dditional 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

33rd and Luxe, LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number L16000202877	npany were filed on November 3rd, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
33rd & Luxe 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:	4700 Millenia Blvd
(Principal office address MUST BE A STREET ADDRES	Orlando, Florida 32839
Enter new mailing address, if applicable:	500 NW 2nd Avenue #696
(Mailing address MAY BE A POST OFFICE BOX)	Miami, Florida 33101
registered agent and/or the new registered office address Name of New Registered Agent:	red office address on our records, enter the name of the sis here: 2 2nd Avenue #696 Enter Florida street address
Miami	, Florida 33101
	City 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alysha A. Roper	500 NW 2nd Avenue #696	■ Add
		Miami Florida 33101	☐ Remove
			☐ Change
MGR	Errol P. Dykes	500 NW 2nd Avenue #696	
		Miami Florida 33101	□ Remove
			☐ Change
AMBR	Alysha A. Roper	500 NW 2nd Avenue #696	■ Add
		Miami Florida 33101	□ Remove
			☐ Change
AMBR	Errol P. Dykes	500 NW 2nd Avenue #696	Add
		Miami Florida 33101	Remove
			☐ Change
			Add CREE ORemove 2 Change 1 Change Remove
		.	☐ Change

	· · · · · · · · · · · · · · · · · · ·
	
_	
_	2002
_	
te: If to cument recor	date, if other than the date of filing:
te: If (cument recor The 90	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lister's effective date on the Department of State's records. In this date will not be lister's effective date on the Department of State's records. In this date will not be lister's effective date on the Department of State's records. In this date will not be lister's effective date on the Department of State's records.
ote: If (cument recor The 90	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lister's effective date on the Department of State's records. It is defective date on the Department of State's records. It is defective date will not be lister's effective date on the Department of State's records. It is defective date will not be lister's effective date on the Department of State's records. It is defective date will not be lister's effective date on the Department of State's records. Signature of a member or authorized representative of a member of a me
ote: If the cument of the cume	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lister's effective date on the Department of State's records. In this block does not meet the applicable statutory filing requirements, this date will not be lister's effective date on the Department of State's records. In this block does not meet the applicable statutory filing requirements, this date will not be lister's effective date on the Department of State's records. In this block does not meet the applicable statutory filing requirements, this date will not be lister's effective date on the Department of State's records. In this block does not meet the applicable statutory filing requirements, this date will not be lister's effective date on the Department of State's records.

Filing Fee: \$25.00