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Office Use Only



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MR 24 2017 J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	Name of Limited Liability Company	
The er	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Emil Hristov Name of Person	
	World Luxury Experiences LLC Firm/Company	
	World Luxury Experiences LLC Firm/Company 78 Sw 24 St, suite 500 Address	
	Miani, FL 33/30 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For fu	ther information concerning this matter, please call:	
	Emil Hristov at (732) 910-1458 Name of Person Area Code Daytime Telephone Number	
Enclos	ed is a check for the following amount:	
□ \$2	5.00 Filing Fee \$\ \text{S55.00 Filing Fee & Gertificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\ \text{S60.00 Filing Fee.} \\ \text{Certified Copy (additional copy is enclosed)} \text{\$\ \text{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

World Luxury		LLC		
	ity Company as it now appears a Limited Liability Company)	s on our records,)		
The Articles of Organization for this Limited Liability (Florida document number <u>L16000233185</u>	Company were filed on	12/28/2016	and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company he	<u>re</u> :		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the do	esignation "LLC" or the abbre	eviation "L	.L.C."
Enter new principal offices address, if applicable:				<u>`</u>
(Principal office address MUST BE A STREET ADDI	RESS)			
			P	- 74 - 50
	**************************************		کن (ک	-Ciri
Enter new mailing address, if applicable:				
•••			7	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)				
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B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter th</u>	<u>ie name</u>	of the ne
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flori	da street address		
		, Florida		
	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

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 = Ma $AMBR = Au$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Paul Garibian	360 Ocean Dr. Unit 2025	Add
		360 Ocean Dr. Unit 2025 Key Biscoyne, FL 33143	□ Kemove
			☐ Change
			Add
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change
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· 10 · · · · · · · · · · · · · · · · · · ·			Add
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			□ Remove
			□ Change

						
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n effective o <mark>te:</mark> If the	date, if other than the date of the date is listed, the date must be specified at either the date inserted in this block does effective date on the Department	ecific and cannot be process not meet the app	ior to date of filing or m dicable statutory filing	ore than 90 days after filing	g.) Pursuant to 6	05,020 sted a:
	l specifies a delayed effe th day after the record is		not an effective t	ime, at 12:01 a.m.	on the ear	lier c
ted	4/17/2017	, 2017			17 A	, , , , , , , , , , , , , , , , , , ,
	<u> </u>	9	11/		APR 21	25 25
-	Signat	ure of a member or a	thorized representative	of a member		7 (A)
	2				A	170% 180%
		Emil	Hristov inted name of signee			

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Filing Fee: \$25.00