

L17000020758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

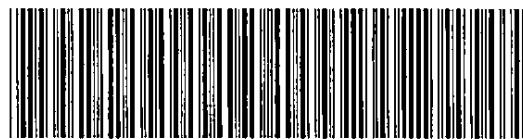
(Business Entity Name)

(Document Number)

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FILED
17 JUN 20 AM 7:22
CLERK OF COURT
CLERK OF COURT

D. SCOTT
JUN 26 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 1, 2017

ANTONIO LIMA
201 CRANDON BLVD
SUITE 201
KEY BISCAYNE, FL 33149

SUBJECT: LUXURY FOR LESS LLC
Ref. Number: L17000020758

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17 JUN 20 PM 7:22
TALLAHASSEE, FLORIDA

We have received your document for LUXURY FOR LESS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 2 of 3 is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 817A00010990

RECEIVED
2017 JUN 20 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WITH DIONNE AND CONFIRMED PAGE 2 OF 3 IS N/A.
THANKS FOR EXPEDITING.

ANTONIO LIMA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: luxury for less 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:

Antonio Lima

Name of Person

Luxury for Less LLC

Firm/Company

201 Crandon Blvd, Suite 201

Address

Key Biscayne, FL 33149

City/State and Zip Code

tonylima1963@gmail.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

antonio lima

305

965-7195

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Luxury for Less 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 January 26th, 2017 and assigned
Florida document number L17000020758.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Envision Consulting 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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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JAN 20 11 7:22
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

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:

N/A

New Registered Office Address:

Enter Florida 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, 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>
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

NOT
FILED OUT
AS IT IS N/A

FILED
JUN 30 11:22
JUN 30 11:22

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

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JUN 20 AM 7:42

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 May 17th, 2017

2017



Signature of a member or authorized person

Signature of a member or authorized representative of a member

Antonio Lima

Typed or printed name of signee