L170000 28296

(Rec	questor's Name)	· - · - · · · ·
(Add	dress)	
(Add	dress)	
(City	r/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



800376287918

11/10/21--01012--008 **25.00

21 HGV 10 PH 3: 19

T. MATTHEWS

NOV 19 2021

COVER LETTER

TO:

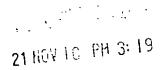
Registration Section

Tallahassee, FL 32314

Division of Corp	porations		_		
Lushlife Co	mmercial, LLC		<i>*</i>		
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Matthew Maranges, Esq.				
	Name of Person				
	Peterson Baldor & Marang	es PLLC			
		Firm/Company			
	8000 SW 117 Avenue, Sui	te 206			
		Address			
	Miami, Florida 33183				
		City/State and Zip Code			
	matt@pbmlegal.net E-mail address: (to be used for future annual report no	tification)		
For further information c	oncerning this matter, please ca	·	ŕ		
Matthew Maranges, Esq		305 270-3773			
Name o	f Person	Area Code Dayti	me Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$2 5.00 Filing Fee	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		Street Address: Registration S	ection		
Division of Corporations			Division of Corporations		
P.O. Box 632		The Centre of			
Tallahassee, FL 32314		2415 N. Monr	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Lushlife Commercial, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records. ability Company)	
The Articles of Organization for this Limited Liability Company w Florida document number 117000028296	/ere filed on 02/07/2017	and assigned
This amendment is submitted to amend the following:		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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		
The new name must be distinguishable and contain the words "Limited Liabilit	y 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 a agent and/or the new registered office address here:	ddress on our records, <u>enter t</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	5
	, Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, an provided for in Chapter 605, i	nd I am familiar with and F.S. Or, if this document is

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 21 HOV 10 PH 3: 19

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kanen, Oren	15901 SW 242 Street	□Add
		Homestead, Florida 33031	■Remove
			□Change
			□Add
		·	Remove
			□Remove
			□Add
			□ Change
			□Add
			□ Remove
		A	□Change
			□Add
			□Remove
			□Change

	any other inform			,	,	oH 3: 19	
					21 HUV 10		-
						- -	_
		 -					-
							_
			, 	<u> </u>			_
							_
							_
							_
				-			-
							_
		-					_
							_
						· - ···	
							_
				·			-
				· <u></u>			<u>.</u>
Effective da	te, if other than th	ne date of filing:		CCV	(optio	nai)	OS 0207
Note: If the	fate is listed, the date m date inserted in this	block does not mee	t the applicable s	tatutory filing re	equirements, this	date will not be l	isted as t
document's	effective date on the	Department of Stat	e's records.				
			me i i	. 10.01	a record	The Double Jane	Δ ،
e record spec rd is filed.	ifies a delayed effect	live date, but not an	effective time, a	t 12:01 a.m. on 1	ine earlier of: (b)	i ne your day a	ner me
Dated	11-2-21		12.				
		- / L		<i>(</i>			
_		Signature of a me	mber or approved	representative of	a member		
		ert Acazoza					

Filing Fee: \$25.00