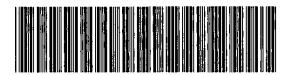
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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUB	ject: <u>Luy</u>	Image Salo	Ω	
		Name of Lim	ited Liability Company	
The	enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Pleas	se return all correspor	ndence concerning this matter	to the following:	
				•
			Name of Person	• • • • • • • • • • • • • • • • • • • •
			Firm/Company	
			Address	
			City/State and Zip Code	
		Coralizative and E-mail address: (	to be used for future annual report notifi	cation)
For f	urther information co	ncerning this matter, please co	all:	
<u> </u>	Name of	Person	at ( <u>407-</u> ) <u>313 · 71 ·</u> Area Code Daytime	73 Telephone Number
Encl	osed is a check for the	e following amount:		
<b>12</b> \$	\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$69.00 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**

Lux Image Sal	in LLC		
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears ed Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compa	any were filed on Fe	b. 22.2017	and assigned
Florida document number L1700043318.		_	<del>-</del>
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the de	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			<b>17</b>
(Principal office address MUST BE A STREET ADDRESS)	)		A A
			<u> </u>
Enter new mailing address, if applicable:			<b>1</b> 23 ST
(Mailing address MAY BE A POST OFFICE BOX)			52 IO
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	F F1:	da street address	
	Enter Ptorte	aa sireet aaaress	
	Citv	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Age	•		Lip Code
New Registered Agent's Signature, it changing Registered Age			y (.9 %

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ida Arevedo-Vodofsky	1029 Usta Palma was	<b>i\$P</b> Add
	9	1029 Usta Palma way Orlando FL 32825	Remove
			Change
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ffective date, if other than the date of filing:  In effective date, if other than the date of filing:  In 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 dots: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as comment's effective date on the Department of State's records.  Be record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.  Signature of a member or authorized representative of a member  Coraliz Turn: Pera Typed or printed name of signee	f amending any other information, enter change(s) here: (Attach additional sheets, if nec		
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Signature of a member or authorized representative of a member		a.m. on the earlie	er of:
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Filing Fee: \$25.00