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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(======================================
(Document Number)
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JUL 3 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Lend Your Luxe, 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:
Hollie Hershaw
Peer Luxe LLC Firm/Company
1400 Village Square Blvd, Suite 3-262
Tallahassee, FL 32312-1231 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hollie Henshaw at (850) 192-4026 Name of Person at (850) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

Lend Your Li		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 82-0743912	were filed on 3-9-2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Peer Luxe LLC The new name must be distinguishable and contain the words "Limited Liabil		
the new name must be distinguishable and contain the words "Limited Liabii		. A
Enter new principal offices address, if applicable:	1400 Village Squ	iare Blvd
(Principal office address MUST BE A STREET ADDRESS)	Suite 3-262 V	
	Tallahassee, M	32312-1231
Enter new mailing address, if applicable:	1400 Village Squ	iare Blud
(Mailing address MAY BE A POST OFFICE BOX)	Suite 3-262 U	
	Tallahassee, FZ	<u>32317-1231</u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new
	-	-
Name of New Registered Agent:	T-12-4-11-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1	13
New Registered Office Address:		<u> </u>
	Enter Florida street address	- s
	, Florida	τ
·	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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Петюче
			Change
			□ Add
			☐ Remove
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n effe <u>te:</u> I	ve date, if other than the date of filing: 6-23-20\7 (optional) ctive 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 605.02 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed in the date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
	June 23. 2017.
ted _	Applia RHonskan)

Page 3 of 3

Filing Fee: \$25.00