

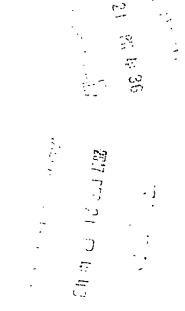
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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D. SCOTT DEC 2 1 2017

COVER LETTER

, -

SUBJECT: At Hal		LC	
	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Tütana Je	nee Smith Name of Person	
	At Haute	(CUTUTE, LLC Firm Company	
	2700 W. Pens	acia St ; Apt.	1912A
		Florida. 32301 City/State and Zip Code 99000 Mail. Com o be used for future annual report notific	extion
For further information co	ncerning this matter, please ca		• 3
Tütiana Jer Name of		at (<u>407</u>) <u>(500 - 21)</u> Area Code Daytime	77 4) Telephone Number
Enclosed is a check for the	e 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

TO:

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

Port HauteCoute (Name of the Limit	ed Liability Comp (A Florida Limited	any as it now appears Liability Company)	on our records.)	<u></u>	
The Articles of Organization for this Limited L	iability Company	y were filed on ()	4124117	and assigned	
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of LUXE EQU, LLC The new name must be distinguishable and contain the w			 -	abbreviation "L.1C."	_
Enter new principal offices address, if applic (Principal office address MUST BE A STREE		1503 NV	≈ 37d Ma ; (w) 330tr0	y , Pampano 1	Žci) -
Enter new mailing address, if applicable:					_
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			3	-
B. If amending the registered agent and/ registered agent and/or the new registered of			our records, ente	r the name of the	<u>new</u>
Name of New Registered Agent:					_
New Registered Office Address:	2700 W	Pensu(O) C Enter Flori	1 St. Apt. da street address	1912A	-
	Tallahas	SCC City	, Florida _	32304 Zup 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 Address **Type of Action** Title Name _____ □ Remove ☐ Change □ Remove _□ Change _D Add ☐ Remove Change _D Ådd □ Remove- * □ Change __ 🗆 Add ☐ Remove ☐ Change □ Add _□ Remove

_□ Change

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effective date is listed etc. If the date inse	her than the date of filing ed, the date must be specific an erted in this block does not date on the Department of	id cannot be prior to d meet the applicable			.) Pursuant to 60	
	es a delayed effective fter the record is filed		i effective time,	at 12:01 a.m.	on the earl	ier o
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Page 3 of 3

Filing Fee: \$25.00