

L17 000092509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

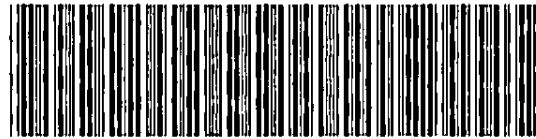
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

10/11/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUXE-UNLIMITED 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:

ELIZABETH GINORI

Name of Person

BOYER GINORI CPAS LLC

Firm/Company

1645 PALM BEACH LAKES BLVD STE 480

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

slepschy@dimor.aero

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

For further information concerning this matter, please call:

ELIZABETH GINORI

561 323-6520

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>
MGR	LEPSCHY, SVEN	1645 PALM BEACH LAKES BLVD. STE 1200	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33401	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	LEPSCHY, NATHALIE	1645 PALM BEACH LAKES BLVD. STE 1200	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33401	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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12/04/2004

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.

Dated SEPTEMBER 25 2020

Signature of a member or authorized representative of a member

SVEN LEPSCHY

Typed or printed name of signee

Filing Fee: \$25.00