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### **COVER LETTER**

TO: Registration So Division of Cor						
SUBJECT:	Luxfirn	n Properties LLC				
	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
		Rodney Henson				
		Name of Person				
		Firm/Company				
	500 S	outh Australian Ave 5	th Floor			
		Address				
	Wes	st Palm Beach FL. 334 City/State and Zip Code	101			
	RichardIvera@yahoo.com					
For further information o	E-mail address: ( concerning this matter, please c	to be used for future annual report notif	lication)			
	-					
Rodney Henson		at ( 561 ) 667-31				
Name o	f Person	Area Code Daytime	e Telephone Number			
Enclosed is a check for the	he 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 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

Lurfirm Propert			
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appeanited Liability Company)	irs on our records.)	<del></del>
The Articles of Organization for this Limited Liability Com Florida document numberL17000142362		6/30/2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company h	ere:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the	designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDRES	<u>s)</u>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered	and office address of	n our records an	17 JUL 24 AH SSEE, FR
registered agent and/or the new registered office address	ince address of here:	n our recoras, <u>en</u>	ter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	orida street address	
<u>,</u>		, Florida	
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Royal Palm Beach FL 33411	Remove
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Page 3 of 3

Filing Fee: \$25.00