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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	

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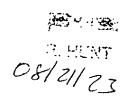


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COVER LETTER

IO: Registration-Se Division of Co		•		•	
SUBJECT: TY	n Rendul	()			
SUBJECT:	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:			
		Name of Person			
	·	Firm Company	 .	-	
				2023	1000
		Address		2023 AUG 21 PH 12: 40	
		City/State and Zip Code		Par C	
				1 :21	
io-futhar information a	E-mail address: (concerning this matter, please c	to be used for future annual report notif	ication)	0 :	•
of further unormation c	concerning this matter, please c	an:			
Name o	t Person	at () Area Code Daytime	Telephone Number		
inclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is en	us &	
Mailing Addres		Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
	•				

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L1700207</u> 5		and 289 AUG 21		
A. If amending name, enter the new name of the limited lial LUXUYU BIVE LLC The new name must be distinguishable and contain the words "Limited Liab		PHID AND THE Abbreviation GL.C.*		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10924 moss pr 5TE 204 # = 0ricinclo, FC	11/12/2012 10/18/2012 32832		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the</u>	name of the new registered		
New Registered Office Address:				
- 	Enter Florida street address			
	, Florid	la		
	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.