## L17000230665

(Re	equestor's Name)	
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

## **COVER LETTER**

то:	Registration S Division of Co			
SUBJE		omes by Luly, PLLC		
		Name of Lim	ited Liability Company	**************************************
		Amendment and fee(s) are sub ondence concerning this matter	-	
		Lourdes Sixto-Yero		
			Name of Person	
		Luxury Homes by Luly, Pl	LLC	
		***************************************	Firm/Company	NOTE - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
		1530 Litchem Rd		
			Address	
		Apopka, FL 32712		
		<del></del>	City/State and Zip Code	
		lulysixtoyero@yahoo.com		
For fur	ther information of	concerning this matter, please co	to be used for future annual report notifi all:	(Caron)
Lourde	s Sixto-Yero		305 970-5360 at ()	
	Name (	of Person		Telephone Number
Enclose	ed is a check for t	he following amount:		
\$25	5.00 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

Luxury Homes by Luly, PLLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our ited Liability Company)	records.)
he Articles of Organization for this Limited Liability Company were filed on November 07, 2017 orida document number L17000230665		or, 2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Lourdes Sixto-Yero, PLLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	()	2010 J
	<u> </u>	A PR
		SS - F
7		[7]-< ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		0.00
	<del></del>	<u> </u>
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address    Name of New Registered Agent:		cords, enter the name of the no
Novy Posigrand Office Address		
New Registered Office Address:	Enter Florida street c	address
		, Florida
<del></del>	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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			□ Change
<del></del>			
			☐ Remove
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			Remove
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effective date is listed, the date must be spe te: If the date inserted in this block do nument's effective date on the Departm	ecific and cannot es not meet th	ne applicable	e statutory fil	ing requireme	lays after fili	ng.) Purs	want to 605.0 not be listed
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Signat	ure of a membe	r or authoriz	ed representati	ve of a membe	r	-	

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Filing Fee: \$25.00