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COVER LETTER

TO:	Registration Section Division of Corporations	
cimi	LUXURY WAND	
SUBJI	Name of Limited Liability Company	
The en	losed Articles of Amendment and fee(s) are submitted for filing.	
Please	eturn all correspondence concerning this matter to the following:	
	THIERRY MARTEAU Name of Person	
	Name of Person	
	Name of Person LUXIVRY WAND Firm/Company OLICE CONTENTS HILL	
	Firm/Company	
	2451 BRICKELL AVENUE, #4D	
	MIAMI FL 33129 City/State and Zip Code thierry: marteau a cle/uxe ameri E-mail address: (to be used for future annual report notification)	
	City/State and Zip Code	645 COM
	E-mail address: (to be used for future annual report notification)	cas com
For fu	her information concerning this matter, please call:	
	HIERRY MARTERU at (786) 246 47 97 Name of Person Area Code Daytime Telephone Number	
	Name of Person Area Code Daytime Telephone Number	
	d is a check for the following amount:	
⊠ \$2	.00 Filing Fee Solution S55.00 Filing Fee Solution S60.00 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy Cert	tus &
	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	WAND LLC	_
(Name of the Limited Liability	Company as it now appears on our records. imited Liability Company))
l		
The Articles of Organization for this Limited Liability Col	mpany were filed on NOVEMBER	15 201/and assigned
Florida document number <u>10030565229</u>	÷ 1	·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite		
DELUXE AME	RICAS LL	<u></u>
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRE	•	
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
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B. If amending the registered agent and/or registe		'
registered agent and/or the new registered office addre	ss nere:	Ç; L
	N//A	9
Name of New Registered Agent:		
New Registered Office Address:	N/A	
	Enler Florida street address	
!		rida Zip Code
	City	2ф Coae
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent are provisions of all statutes relative to the proper and con		
accept the obligations of my position as registered age		
being filed to merely reflect a change in the registered company has been notified in writing of this change.	office address, I hereby confirm that	t the limited liability
in the second services		
1 1		

Page 1 of 3

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'= AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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ctive date, if other than the date effective date is listed, the date must be sp	ecific and cannot be prior to date of filing or more	(optional) than 90 days after filing.) Pursuant to 60
If the date inserted in this block do ment's effective date on the Departm	nes not meet the applicable statutory filing in the st	requirements, this date will not be lis
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	ective date, but not an effective tin	ne, at 12:01 a.m. on the earl
e 90th day after the record is	s fil ed.	
d November 157	4 1 2017	
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	ture if a meriper of sumorized representative of	a member
Signal	time of anti-mod to authorized representative of	
	TEURY MARTEA)

Filing Fee: \$25.00