L170002563960

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	LUXXe Cle Name of Lim	aning Company	Dany LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Paul	a Raiche	
		Firm/Company	
	3511	17th Ave	SW
	Na	ples FL 3 City/State and Zip Code	34117
	E-mall address: (a. brown IV	report notification)
For further information c	concerning this matter, please ca		,
Paula Name c	Rai Che 1 Person	at (<u>234</u>) Area Code	580 . 8112 Daytime Telephone Number
Enclosed is a check for t	-		
X \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en	Certificate of Status &
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registra Divisior Clifton 1 2661 Ex	TYCOURIER ADDRESS: tipn Section of Corporations spilding centive Center Circle see, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ng Company UC any as it now appears on our records.)
(A Florida Limited L	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 12.15.2017 and assigned
Florida document number <u>L1700025639</u> 6	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	pility company here:
The new name must be distinguishable and contain the words "Limited Liabili	ility 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)	18 (FEC
	AH AH
	SSE RY
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	22 95
	9 07
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

	Authorized Person(s) authorized to ma from our records:	nage, enter the title, name, and addre	ss of each person being added
MGR = Ma AMBR = Au	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Annabelle Locke	8124 Gerbera Dr. #	5303_ add
		S124 Gerbera Dr. # Naples 1762 34113	Remove
			☐ Change
			Add
			□ Remove
			Change
			☐ Remove
			☐ Change
			
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			Add
			□ Remove
			Change

٠	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_	
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		JAN 18	AHAS
	•	9 4	SEE.F
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		_	
Note: I	te date, if other than the date of filing:)5.0207 sted as	7 (3)(b) s the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl 90th day after the record is filed.	ier o	f:
Dated _	January 14th 2018		
	Signature of a member of authorized representative of a member Paula Raiche		
	Typed or printed name of signe		

Page 3 of 3

Filing Fee: \$25.00