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(Re	questor's Name)	
(Ad	dress)	<u>.</u>
(Address) (Address) (City/State/Zip/Phone #) [PICK-UP		
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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	Name of Limited Liability Company
The en	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Luxe gold LLC Firm Company
	1850 SW 8H St Suite 204F
	HIQHI, FLorida 33161 City/State and Zip Code Luxegold LLC @ gmails Com E-mail address to be used for future unradal report notification)
For fu	rther information concerning this matter, please call:
	Can/N. Ramo S at (786) 371-1614 Name of Person Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:
. /	25.00 Filing Fee \$\times \text{S55.00 Filing Fee & Certificate of Status}\$\$ \text{Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{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**

LUXE GO (Name of the Limited Liah)	ility Company as it now appears on our records.) da Limited Liability Company)
· ·	Company were filed on $\frac{2/28}{2018}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADL	ORESS)
	MAY 2
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	PM 2: 07
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Register	•

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
MGR	Matthew Culver	9066 SW 73rd C+ #1710 Miami, FL 33156	5 Add
		Miami, FL 33156	Remove
			Change
			🗆 Add
			□ Remove
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Page 3 of 3

Filing Fee: \$25.00