11800073548

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COVER LETTER

TO: Registration Sect Division of Corpo			
R & W LUX SUBJECT:	INDUSTRIES, LLC.		
Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filling. lease return all correspondence concerning this matter to the following: JASMINE RODRIGUEZ			
	• •	_	
	JASMINE RODRIGUEZ		
		Name of Person	
	BEST QUICK TAX RETU	JRNS INC	
		Firm/Company	
	320 S BUMBY AVE STE	: 10	
		Address	
	ORLANDO FL 32803		
		City/State and Zip Code	
	E-mail address: (t	to be used for future annual report notific	cation)
For further information con	cerning this matter, please ca	all:	
JASMINE RODRIGUEZ			
Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
■ \$25.00 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

R & W LUX INDUSTRIES, LLC			
(Name of the Lim	ited Liability Company as i (A Florida Limited Liability	t now appears on our records.) y Company)	
The Articles of Organization for this Limited I Florida document number L18000073548	Liability Company were	filed on 03/21/2018	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability c	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Cor	npany," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREET ADDRESS)			SEC
			AP AF
			AS I
Enter new mailing address, if applicable:			8 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
(Mailing address MAY BE A POST OFFICE BOX)		3 P	
Intuiting dudiess MAI BE AT 031 OFFICE			<u>Ω</u> Ω
			
B. If amending the registered agent and registered agent and/or the new registered of		address on our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:	WANDY CABRAL		
New Registered Office Address:		C. Divi	
		Enter Florida street address	
		, Florida	
	C	litv	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	WANDY CABRAL	12948 BRANDON COATES DRIVE	
		ORLANDO, FL 32822	☐ Remove
			■ Change
			Add
			🗖 Remove
			Change
			Remove
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Effective date, if (If an effective date is I Note: If the date in document's effective	nserted in this blo	k does not n	neet the appl:	cable statutor	g or more than 90 y filing requirer	(optional) days after filing.) nents, this date	Pursuant to 605 will not be liste	i.0207 ed as
the record specif) The 90th day				ot an effect	tive time, at	12:01 a.m. (on the earlie	er of
DatedAPRIL 11	_		2018					
				· ·				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00