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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

APR 26 2018

J. S. HENRY

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SLS LUX 3302 LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARTHA OTALORA
Name of Person
MO ACCOUNTING SERVICES CORP
Firm/Company
175 FONTAINEBLEAU BLVD SUITE 1-G2
Address
MIAMI, FL 33172
City/State and Zip Code
info@moaccountingservices.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OLGA L. PUERTA 786 338-0797
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

SLS LUX 3302 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/23/2018 and assigned
Florida document number LI8000075769

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

M & O LUX 3302 LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

15811 COLLINS AVENUE APT 3202

(Principal office address MUST BE A STREET ADDRESS)

NORTH MIAMI BEACH, FL 33160

Enter new mailing address, if applicable:

15811 COLLINS AVENUE APT 3202

(Mailing address MAY BE A POST OFFICE BOX)

NORTH MIAMI BEACH, FL 33160

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	SEBASTIAN ECHEVERRY	15811 COLLINS AVENUE APT 3	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33146	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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SECURITY OF FLORIDA
TALLAHASSEE, FLORIDA

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2018 APR 26 PM 1:04
FEDERAL BUREAU OF INVESTIGATION
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated APRIL 23, 2018

Olga Lucia Puerta #1
Signature of a member or authorized representative

Typed or printed name of signee