LI8000122838

(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration S Division of Co			
	AMOU, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	ERAN HAMOU		
		Name of Person	
		Firm/Company	
	488 NE 18TH STREET - A	APT 2008	
		Address	
	MIAMI FL 33132		
	ERAN.HAMOU@HOTMA	City/State and Zip Code AIL.COM to be used for future annual report noti	fication)
For further information	concerning this matter, please c	•	,
ERAN HAMOU		786 202-0394	
Name	of Person	at () Area Code Daytim	e 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)
<u>Mailing Addr</u> Registration		Street Address: Registration Sec	ction
Division of	Corporations	Division of Cor	porations
P.O. Box 63	27	The Centre of T	`allahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ERAN HAMOU, LLC

(Name of the Limited Liability Company as it now appears on our recon (A Florida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company were filed on 05/16/2018 Florida document number L18000122838	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
LUXIN REALTY, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, ente	r the name of the new regi
agent and/or the new registered office address here:	
Name of New Registered Agent:	·
New Registered Office Address:	
Enter Florida street addre	255
	lorida
City	Zip Gode
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 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
			□Add
			□Add
		 	□ Add
			□Remove
			□ Change
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Effective date, if other than the defective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	be specific and cannot be ck does not meet the a	e prior to date of filin applicable statutory	g or more than 90 days at		
record specifies a delayed effective d is filed.	date, but not an effect	tive time, at 12:01	a.m. on the earlier of:	(b) The 90th day aft	er the
MAY 12TH	2021				
Dated MAY 12TH	, 2021 Von	·			
Dated	, 2021	Touther of our			