## 118000146369

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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FILED 2023 JUN 23 PH 2: 0

Y. SCOTT JUN 2 4 2023



June 3, 2023

JAIRO RODRIGUEZ 3150 SW 114TH TER. #311 MIRAMAR, FL 33025

SUBJECT: MOD LUX LIV LLC Ref. Number: L18000146369

We have received your document for MOD LUX LIV LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

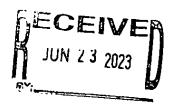
Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott Supervisor

Letter Number: 223A00012659



## **COVER LETTER**

TO:

**Registration Section** 

P.O. Box 6327

Tallahassee, FL 32314

Division of Cor	rporations		
MOD LUX	LIVLLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JAIRO RODRIGUEZ		
		Name of Person	
	MOD LUX LIV LLC		
		Firm/Company	<del></del>
	3150 SW 114th Ter, #311		
		Address	<del></del>
	Miramar, FL 33025		2023 5 3 5 5
	Jairo.Rodriguez@outlook.co	City/State and Zip Code om	2023 JUN 23
	E-mail address: (	to be used for future annual report notification)	()
For further information of	concerning this matter, please c	all:	
Jairo Rodriguez		201 926-6190	2: 09
Name o	of Person	Area Code Daytime Telephone	_ <u> </u>
Enclosed is a check for the	ha follouring amount:		
	_		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	50.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Addres	RS:	Street Address:	
Registration :		Registration Section	
Division of C	Corporations	Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOD LUX LIV LLC	
(Name of the Limited Liability Company as i (A Florida Limited Liabilit	t now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were lorida document number	filed on and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability c	ompany here:
airo DeJesus Rodriguez LLC	
he new name must be distinguishable and contain the words "Limited Liability Con	mpany," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	202
Inter new mailing address, if applicable:	23 /
	2 P
Mailing address MAY BE A POST OFFICE BOX)	
<del></del>	—————————————————————————————————————
. If amending the registered agent and/or registered office addre gent and/or the new registered office address here:	ss on our records, <u>enter the name of the new reg</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	ity 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
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			□Remove
			□Change
			□Add
			Remove
		STATE STATE	
			□Change
<del></del>			□Add
			□Remove
		<del></del>	Change
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fective date, if other than the date of filing:	(optional)  prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
te: If the date inserted in this block does not meet the ap	oplicable statutory filing requirements, this date will not be listed
cument's effective date on the Department of State's reco	ords.
	ve time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
0000	
04/07 , 2023	
	6/8/2023
forest	
Signature of a member or	authorized representative of a member