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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJ	ECT:		ES AUTO LLC ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleaso	e return all correspo	ondence concerning this matter	to the following:	
			Kelly Edouard Name of Person	
		LU	JXURIES AUTO LLC Firm/Company	
		41	65 DOW RD STE 4	
		ME	_BOURNE,FL 32934 City/State and Zip Code	
		LUXURIE E-mail address: (SAUTOLLC@GMAIL to be used for future annual report no	COM
For fu	rther information c	oncerning this matter, please ca	all:	
	Kelly Edo Name o	ouard f Person	at (<u>321</u>) <u>830-</u> Area Code Dayti	3869 me Telephone Number
Enclo	sed is a check for th	he following amount:		
⊠ \$2	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)
	MAIL	ING ADDRESS:	STREET/COU	RIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUXUF	RIES AUTO LLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000151108</u> .	242242
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4165 DOW RD STE 4
(Principal office address MUST BE A STREET ADDRESS)	MELBOURNE,FL 32934
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4165 DOW RD STE 4 MELBOURNE,FL 32934
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
	City Florida Nigoria Zip Code
	· W

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>	Name LAMORISSIERE	Address	Type of Action
MGR_	ARMAND	111 BAYBERRY	O Add
		ALTAMONTE SPRINGS FL 32714	⊠ Remove
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Filing Fee: \$25.00