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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: Luxury H	ome & Land Company, LLC		
	Name of Lin	nited Liability Company	
	f Amendment and fee(s) are sub condence concerning this matter	-	
	Lawrence Fuentes		
	<del>-</del>	Name of Person	
	Fuentes & Kreischer, PA		
		Firm/Company	
	1407 W. Busch Blvd.		
		Address	<del></del>
	Tampa, FL 33612		
	LEF@FKlaw.net	City/State and Zip Code	<del></del>
For further information		to be used for future annual report notif	ication)
	concerning this matter, please ca	all:	
Lawrence Fuentes		813 933-6647 at ()	
Name (	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filling 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

Luxury Home & Land Company, 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 Co	Company w	ere filed on	July 23, 20	18, effective 7	/19/18 a <del>nd</del> ass	signed	
Florida document number L18000175953	·			_ <del></del> .	ALL.	18	
This amendment is submitted to amend the following:					AHASS	זטר או	-
A. If amending name, enter the new name of the limit	ited liabili	v company	<u>here</u> :		2, 50 3, 50	-	ニーファ
					FLO	AH IO.	τ
The new name must be distinguishable and contain the words "Limit	ited Liability	Company," th	e designation	"LLC" or the a	bbreviation 25	မ္လင့္လမွ	•
Enter new principal offices address, if applicable:					<b>→</b>	_	
(Principal office address MUST BE A STREET ADDR.	RESS)				•		
	-						
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE BOX)	_	<u> </u>			- <del></del> -		
						-	
B. If amending the registered agent and/or registered agent and/or the new registered office addressed of New Registered Agent:	tered offic ress here:	e address (	on our re	cords, <u>enter</u>	the name	of the r	ev
New Registered Office Address:							
		Enter F	lorida street d	uddress	<del></del> _		
				Florida			
Nam Basilar I a sa sa		City	-		Zip Code		
New Registered Agent's Signature, if changing Registered							
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registerea company has been notified in writing of this change.	omplete pe vent as pro	rformance e vided for in	of my dutie Chantar i	es, and Lam	familiar with	h and	he
	H Changin	g Registered /	Agent, <u>Signa</u>	ture of New R	egistered 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 = ManagerAMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rodney Dean Henson	5341 NW 79th Avenue	
		Doral, Florida 33166	_
			☐ Change
MGR	Steven Fuentes	3015 Samara Drive	
		Tampa, Florida 33618	■ Remove
			□ Change
<del></del>			D Add
			Remove
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Affective (late, if other than to fan effective date is listed, the date is Note: If the date inserted in this document's effective date on the	DIOCK GOCS HOLE	meet the appr	icable seamiory	g or more than 90 of filing requires	(optional)  Days after filing.) Inents, this date w	Pursuant to 605.0207 ill not be listed as t
e record specifies a delay The 90th day after the r	ed effective of ecord is filed.	date, but n	ot an effect	ive time, at	12:01 a.m. o	n the earlier of:
Dated		2018				
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	Signature of a	member or and	horized represent	tative of a memb		

Page 3 of 3

Filing Fee: \$25.00