L18000258695

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COVER LETTER

TO:	Registration Sec Division of Corp		:	
SUBJ	ECT:	LV BOY Name of Lim	UFIGUE LLC ited Liability Company	
The er	nclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		Talic	A Lodriguez Name of Person	
			Firm/Company	
		11900 Nh	15th Ct Address	
		Pembroke	Pines FL 330 City/State and Zip Code (Bootique O) Gm to be used for future annual report notif	26
		Modern Lux E-mail address: (Boutique O Gm to be used for future annual report notice	fication)
For fu	rther information cor	ncerning this matter, please ca		
<u> </u>	alía fod Name of I	rigutz Person	at (954) 328 - Area Code Daytime	- 3860 Telephone Number
Enclos	sed is a check for the	following amount:		
□ \$ 2	5.00 Filing Fee	S30.00 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

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on November 05, 2018 and assigned	
Florida document number <u>L 18000 258695</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Modern Lux 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:	_
(Principal office address MUST BE A STREET ADDRESS)	_
7. 20	
Enter new mailing address, if applicable:	;
(Mailing address MAY BE A POST OFFICE BOX)	, ,
	<u> </u>
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	пе
Name of New Registered Agent:	_
New Registered Office Address:	ļ
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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and	h th

If Changing Registered Agent, Signature of New Registered Agent

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.

MGR = M $AMBR = A$	1anager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00