

9/26/22, 3:52 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L19000019722

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(((H22000332364 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC

Account Number : 120140000084

Phone : (305)541-3980

Fax Number : (786)713-1940

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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LUXOR GROUP LLC

Certificate of Status	0
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2022 SEP 26 PM 4:41

Electronic Filing Menu

Corporate Filing Menu

Help

J DENNIS
SEP 27 2022

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H22000332364 3

LUXOR GROUP 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 Company were filed on 01/17/2019 and assigned
Florida document number L19000019722.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

4921 NW 85TH TERR LAUDEHILL

(Principal office address MUST BE A STREET ADDRESS)

LAUDERHILL, FL 33351

Enter new mailing address, if applicable:

4921 NW 85TH TERR LAUDEHILL

(Mailing address MAY BE A POST OFFICE BOX)

LAUDERHILL, FL 33351

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ROMAR SPRINGS LLC

New Registered Office Address:

3111 N UNIVERSITY DR STE 105

Enter Florida street address

CORAL SPRINGSFlorida33065*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 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.

ANREA LEITE

If Changing Registered Agent, Signature of New Registered Agent

H22000332364 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H22000332364 3

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CASTELLO, CARLOS E	4921 NW 85TH TERR	<input type="checkbox"/> Add
		LAUDERHILL, FL 33351	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

H22000332364 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

2022

Signature of a member or authorized representative of a member

CASTELLO CARLOS E

Typed or printed name of signee: _____

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