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JAN 2 4 2020 CNACNAIR

LUXE GROUP INVESTMENTS, LLC+

ΣT: _

Name of Limited Liability Company

osed Articles of Amendment and fee(s) are submitted for filing.

turn all correspondence concerning this matter to the following:

GEORGE LAMBRO

Name of Person

Firm/Company

2796 FAWN DRIVE

Address

LOXAHATCHEE, FL 33470

City/State and Zip Code

GWLAMBRO@YAHOO.COM

E-mail address: (to be used for future annual report notification)

er information concerning this matter, please call:

E LAMBRO 561 906-1811 at (_____) Name of Person Area Code Daytime Telephone Number

is a check for the following amount:

10 Filing Fee

S30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314 Street Address: Registration Se

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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endment is submitted to amend the following:	assigned
nending name, enter the new name of the limited liability company here:	
name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation	1 "L.L.C."
ew principal offices address, if applicable:	
al office address MUST BE A STREET ADDRESS)	
ew mailing address, if applicable:	
address MAY BE A POST OFFICE BOX	
ending the registered agent and/or registered office address on our records, enter the name of the	new registered
d/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
. Florida	
City Zip Co	<u></u>

tered Agent's Signature, if changing Registered Agent:

accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the s of all statutes relative to the proper and complete performance of my duties, and I am familiar with and b obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 4 to merely reflect a change in the registered office address. I hereby confirm that the limited liability has been notified in writing of this change.

oved from our records:

= Manager

= Authorized Member

<u>Name</u>	Address	Type of Action
DAVID AMERSON		🖬 Add
	<u> </u>	
		□Change
RENEE GOODEMOTE	2796 FAWN DRIVE	🗆 Add
	LOXAHATHCEE, FL 33470	Remove
		□Change
	•	🗆 Add
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mending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
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e uate, n on	her than the date of filin	₭· /?~ / / Ҭ		_ (optional) ays after filing.) Pursuant to (

Tective date is listed, the date must be specific and cannot be prior to date of **4** ling or more than 90 days after filing.) Pursuant to 605.0207 (3)(b). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.

d 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 led.

DECEMBER 12	1	2019		
	hot	r		
	Signature of a	member or authorize	d representative of a n	nember
GEORGE LAMB	RO			

Typed or printed name of signee