119000/07312

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FILING CANCELLED DUE TO RETURNED CHECK

05/01/19--01007--017 **25.00

C. GOLDEN MAY 1 3 2019

COVER LETTER

TO: Registration Section
Division of Corporations

ILUX HOME SUITE, LLC

FILING CANCELLED DUE TO RETURNED CHECK

SUBJECT:		<u> </u>	
	Name of Limited L	ability Company	
The enclosed Articles of Ame	endment and fee(s) are submitted	for filing.	
Please return all corresponden	ice concerning this matter to the	ollowing:	
I	Melynda G. Johnson		
-		Name of Person	
i	LUX Realty, LLC	Name of Person	
_		Firm/Company	
6	6821 Southpoint Dr. N. Stc. 104	1	
-		Address	
J	acksonville, FL 32216	71001035	
City		/State and Zip Code	
ac	lmin@teamilux.com		
	E-mail address: (to be u	sed for future annual report notification	n)
For further information concer	ming this matter, please call:		
Mclynda Johnson		904 382-5993 at ()	
Name of Person		Area Code Daytime Telep	phone Number
Enclosed is a check for the fol	lowing amount:		
■ \$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)

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

FILED

2019 HAY - 1 PH 3: 10

ILUX HOME SUITE, LLC

(<u>Name of the Limited Liability</u> (A Florida Ur	Company as it now appears on our records.) mited Liability Company)	WALLESSEE, FL
The Articles of Organization for this Limited Liability Com-	pany were filed on 04/19/2019	and assigned
Florida document number L19000107312		
This amendment is submitted to amend the following:	FILING CANCEL	
A. If amending name, enter the new name of the limited	DUE TO RETUR	NED CHECK
iLUX Realty, 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:	6821 Southpoint Dr. N.	
(Principal office address MUST BE A STREET ADDRES	Suite 104	
	Jacksonville, FL 32216	
		-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
registered agent and/or the new registered office address Name of New Registered Agent:	s here:	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>tent:</u>	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my duties, and I an as provided for in Chapter 605, F.S. Office address, I hereby confirm that the l	n familiar with and r. if this document is limited liability
T T	Changing Registered Agent, Signature of New I	Registered Agent
Pa	ge 1 of 3	

If amending Authorized Person(s) authorized to mana or removed from our records:		age, enter the title, name, and address of each person being added	
MGR = 1	Manager Authorized Member		
Title	<u> Nа</u> те	<u>Address</u>	Type of Action
			□ Add
FILIN	GCANCELLED		□ Remove
DUE TO RETURNED CHECK		Change	
		D Add	
			□ Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change
		☐ Remove	
		☐ Change	
		□ Remove	
			Change

D. If amending any other information, enter change(s)	here: (Attach additional sheets, if necessary.)
FILING CANCELLED	
DUE TO RETURNED CHE	CK
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's recommendate.	(optional) prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) policable statutory filing requirements, this date will not be listed as the ords.
If the record specifies a delayed effective date, but (b) The 90th day after the record is filed.	t not an effective time, at 12:01 a.m. on the earlier of:
Dated 4-21-19	
Signature of a member or	authorized representative of a member
Melynda G. Johnson	
Typed or	printed name of signee

Page 3 of 3

Filing Fee: \$25.00