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Amend

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COVER LETTER

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TO:	Registration Se Division of Cor		Ι	DUE TO RETURNED C
SUBJE	CCT:	LUXE f	TOOKAH LL ited Liability Company	
		Amendment and fee(s) are sub		
Please	return all correspo	ndence concerning this matter	to the following:	
		1101	Name of Person	clane
			Firm/Company	
		77/6	KISMET (Street
		Miran	nar FL 33	3033
		Mc2 Far le E-mail address: 11	AC / L 33 City/State and Zip Code (INE MOL 93 & G o be used for future annual report no	FMar / Com
For furt	her information co	ncerning this matter, please ca	ill:	
	Warne of	SA FLCTAR	OPP at (AS4) S7 Area Code Daytin	ne Telephone Number
Englose	d is a check for the	e following 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

ANTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF

LUXE HOOK	AH	LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now ap iability Compai	pears on our recor	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company vectorida document number \(\bigcup \frac{1000/05305}{\text{.}} \). This amendment is submitted to amend the following:	FILI	.) ING CANCI	
_			RNED CHECK
A. If amending name, <u>enter the new name of the limited liabil</u>	ny company	<u>y nere</u> :	
The new name must be distinguishable and contain the words "Limited Liabilit	ly Company," tí	he designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			2
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		on our record	ls, enter the namerof the
Name of New Registered Agent:			
New Registered Office Address:			
	Enter l	Florida street addres	
	City	Fl	orida
New Registered Agent's Signature, if changing Registered Agent:	City		z.p Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance ovided for it	of my duties, ar In Chapter 605,	nd I am familiar with and F.S. Or, if this document i
H Changi	ing Registered	l Agent, <u>Signature</u>	of New Registered Agent

	Manager = Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBK	2 Melisa MiFariane	1710 Kismet Steet	Add
	,	, 00	Remove
			Change
M <u>EIR</u>	Mark Maglashan	7710 Kismet street	jX _Add
			Remove
	FILING CANCELLED DUE TO RETURNED CHECK		Change
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or removed from our records:

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(If an eff Note:	ive date, if other than the date of filing:
docum	ent's effective date on the Department of State's records.
the red) The	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	July 9th 2019
	Signature of a member or authorized representative of a member
	A Lole Ca a let Techanica
	With the Mitale

Page 3 of 3

Filing Fee: \$25.00