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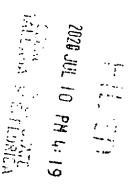
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Luxe Co	nstruction and Design, LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Julia A. F	Russo	
		Name of Person	
	1.uxe	Construction and Design, LLC	2020 JUL 10 PH 4: 19
		Firm/Company	
	258 \$	SE 6th Avenue Suite 12	
		Address	
	Delray	Beach, FL 33483	10 To
		City/State and Zip Code	
	juliapb100@gr	nail.com	
	E-mail address: (to be used for future annual report noti	ification)
For further information c	oncerning this matter, please c	all:	
Julia A. Russo		at (561) 460-2400	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section Forporations 17	Street Address: Registration Se Division of Cor The Centre of To 2415 N. Monro	rporations
		Tallahassee, FL	_ 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Luxe Construction and	Design, LLC				
(Name of the Limited (A	Liability Company as it now appe Florida Limited Liability Company	ars on our records	<u>.</u>)		_
he Articles of Organization for this Limited Liab	· · ·	8/06/2019		and	assigned
lorida document number L19000198241					
his amendment is submitted to amend the follow	ring:				
. If amending name, enter the new name of t	he limited liability company l	nere:			
Luxe Homeworx Construction, LLC					
ne new name must be distinguishable and contain the work	ds "Limited Liability Company," the	designation "LLC"	or the abb	previation	"L.L.C."
nter new principal offices address, if applicab	de:				
rincipal office address MUST BE A STREET	ADDRESS)			<u>~:</u>	
				023	
			:	<u></u>	•
nter new mailing address, if applicable:) · 75	, 10	
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<u> Iailing address MAY BE A POST OFFICE BO</u>	<u></u>		 -	<u></u>	•
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			gn. >>	9	
. If amending the registered agent and/or reg gent and/or the new registered office address		records, <u>enter t</u>	<u>he name</u>	of the	new regist
ent and/or the new registered office address	Bere :				
Name of New Registered Agent:				_	
New Registered Office Address:					
	Emer Fl	orida street address			
		. Flo	rida _		
	City			Zip Co	ode -

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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
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fective date, if other than t	he date of filing:	(optional)	
ote: If the date inserted in this	block does not meet the applicable statutory Department of State's records.	g or more than 90 days after filing. y filing requirements, this date) Pursuant to 605.0 will not be listed
e record specifies a delay The 90th day after the re	ed effective date, but not an effect ecord is filed.	cive time, at 12:01 a.m.	on the earlier
ited July 1,	2020 Lie III Rosse Signature of a member or authorized represen		
The	lie Allerro		
	Signature of a member or authorized represen	ntative of a member	