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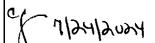
(Requestor's Name)
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(Business Entity Name)
(Document Number)
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# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: CITU LUXE L	1 C.
Name	of Limited Liability Company
The enclosed Articles of Amendment and fce(s) a	ire submitted for filing.
Please return all correspondence concerning this	matter to the following:
Laur	en Ladner Name of Person
	Firm/Conmany
174	Verde Way
Debay	y, FL 32713 City/State and Zip Code
E-mail ad	drey 104@ gmoil .com  dress: (to be used for future annual report notification)
For further information concerning this matter, pl	lease call:
Lauren Ladner Name of Person	at (321) 750 - 7335 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee  \$\sqrt{\$\sq}}}}}}}} \end{\sqrt{\$\sq}}}}}}} \end{\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sq}}}}}}}} \end{\sqrt{\$\sq}}}}}}}} \end{\sqrt{\$\sqrt{\$\sq}}}}} } \end{\sqrt{\$\sq}}}} } \end{\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sq}}}}}}} } \sqrt{\$\sq	
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Principal office address MUST BE A STREET ADDRESS)  Debouy, PL 32743  Enter new mailing address, if applicable:  174 Verde Way	
A. If amending name, enter the new name of the limited liability company here:    RCV1VE DESIGNS	
The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  174 Verde Way  27-13	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  174 Verde Way  174 Verde Way	211
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  174 Verde Way  174 Verde Way  Debary, PL 32713	
2010010	_
	<del>-</del> -
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new regisagent and/or the new registered office address here</u> :	<u>tered</u>
Name of New Registered Agent:	_
New Registered Office Address:	
Enter Florida street address	_
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.

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
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		□Remove	
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n effe <u>te:</u>	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
ted .	June 28 . / 1914.
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00