## L1900027320Z

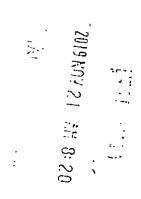
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## **COVER LETTER**

TO: Registration So Division of Cor			ı
SUBJECT: LUX	MORCOLLECTION Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	Anique Rite	Name of Person	·····
	Y	Name of Person	
		Firm/Company	
	3400 Gener	al Meyer Ave	Stc C
	New Orleans	La 70114	
		City/State and Zip Code FION COMAIL COM be used for fugure annual report notifi	cation)
For further information c	oncerning this matter, please cal	I:	
Anique Rite	hHC of Person	at ( <u>331</u> ) <u>213-QL</u> Area Code Daytime	145 Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	S30.00 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

<u>Luxdoircollectio</u>	ins llc		_
	ility Company as it now appears on da Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number <u>L1900273202</u>	Company were tiled on WWC	<u>ember   2019</u> and	d assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lin</u>	· · · · · · · · · · · · · · · · · · ·		2
The new name must be distinguishable and contain the words "Li	mited Liability Company," the design	nation "LLC" or the abbreviation	n "1∰C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	DRESS)		_2:
			<u>.</u>
Enter new mailing address, if applicable:		- -	2
(Mailing address MAY BE A POST OFFICE BOX)			
			_
B. If amending the registered agent and/or registered agent and/or the new registered office ad		ir records, <u>enter the na</u> i	me of the nev
Name of New Registered Agent:			
New Registered Office Address:			<u></u>
	Enter Florida s	street address	
		Florida	
	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:

	authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			D Add
			□ Remove
			Change
			□ Remove
			☐ Change
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Note:	ive date, if other than the date of filing:
he red The	cord 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	
	Unique Kitchee
	(Signature of a member or authorized representative of a member
	ANIQUE KITCHE Typed or printed name of signee

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Filing Fee: \$25.00