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O SIMMONS  
JAN 25 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Luxe Mgmt Group, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elsa Solano  
Name of Person

Luxe Mgmt Group, LLC  
Firm/Company

3230 SW 7 ST  
Address

Miami FL, 33135  
City/State and Zip Code

bri#solano@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elsa solano at ( 305 ) 439-7449  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

LUXE MGMT GROUP, LLC

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	Elsa Solano	3230 SW 7 ST Miami FL, 33135	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Brittney Solano	<del>3230 SW 7 ST Miami FL, 33135</del>	<input type="checkbox"/> Add
		3230 SW 7 ST Miami FL, 33135	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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2019 DEC 23 AM 11:04  
STOKESVILLE FL  
TALLAHASSEE FL

2019 DEC 23 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE FL

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 18, 2019

elise jacob

Signature of a member or authorized representative of a member

Elsa Solano

Typed or printed name of signee

**Filing Fee: \$25.00**