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(Requ	estor's Name)	
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(City/S	State/Zip/Phon	e #)
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Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	





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O SIMMONS JAN 25 2020

COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT: LUXE 1	Mamt Group, LLO	ited Liability Company	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	_Elsa solanc	Name of Person	
		Name of Person	
	Luxe Mymt G	Firm/Company	
	3230 SW 7 ST	Address	
		Address	
	Miami FL, 331	35 City/State and Zip Code	
	brittsolano@a	ol. com to be used for future annual report not	·
			incation)
For further information c	oncerning this matter, please ca	all:	
Elsa solar	00	at (<u>305</u>) <u>439 - 7</u> Area Code Daytin	449
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration So	ection
Division of C		Division of Co	
P.O. Box 632	2.7	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar		
(A Fiorida Litilitée L	iy as it now appears on our iability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19000299796</u> .	were filed on 12 9	2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
		<u></u>
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation	on "LLC" or the abbreviation "L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		23
Enter new mailing address, if applicable:		23 5
(Mailing address MAY BE A POST OFFICE BOX)		(17)
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records	enter the name of the new registered
New Registered Office Address:		
	Enter Florida stree	t address
		, Florida
	Enter Florida stree	

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
MGR	Elsa solano	3230 SW 7 ST Miami FL, 33135	(VAdd
			□Remove
			Change
AR	Brithay Solano	3230 SW 7 ST Miami F4, 33135	
		3230 SW 75T Miami FL, 33:35	Exemove
			SECURE DAY
			DE CARROLL STATE
			<u>;</u>
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ffect	ive date, if other than the date of filing: (optional)
an eff ote:	fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	nent's effective date on the Department of State's records.
recor i is fi	rd 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 led.
ated	December 18 2019
	December 18 2019 Llass Jahne Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	<u></u>
	515a Solano

Filing Fee: \$25.00