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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

uxury Homes USA LI	.c			
<u> </u>				
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
			·-···········	Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
		ļ		Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
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Signature				Fictitious Owner Search
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Requested by: Seth	03/03/20	3		UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
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Walk-In	Will Pick Up			Courier

COVER LETTER

LUXURY I	HOMES USA. LLC		
30b3cc1	Name of Lim	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:	
	Ralph Jonquile		
		Name of Person	
		Firm/Company	
	1403 NW 36th Way		
	Lauderhill, FL 33311	Address	
	tibat_kow73@aoI.com	City/State and Zip Code	
For further information c	E-mail address: (i oncerning this matter, please ca	to be used for future annual report notif	ication)
Ralph Jonquille		954 397-0701 at () Area Code Daytime	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	he 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 Address		Street Address:	otion

Registration Section

Registration Section Division of Corporations

TO:

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

LUXURY I	HOMES USA. LLC		
3003201.	Name of Lim	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:	
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		Name of Person	
		Firm/Company	
	1403 NW 36th Way		
		Address	
	Lauderhill, FL 33311		
		City/State and Zip Code	
	tibat_kow73@aol.com	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	•	indiony
Ralph Jonquille		954 397-0701 at () Area Code Daytime	
Name o	f Person	Area Code Daytimo	c Telephone Number
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■ \$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)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Sec	ction
Division of C		Division of Cor	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUXURY HOMES USA, LLC			
(Name of the Limited L (A f	iability Compa lorida Limited	iny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liabi	lity Company	were filed on 02/03/2020	and assigned
orida document number			
nis amendment is submitted to amend the following	ng:		
. If amending name, enter the new name of the	e limited liab	ility company here:	
/A			2020 SEC
e new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation "LLC" or	the abbreviation. L.C."
nter new principal offices address, if applicable	e:	5182 Victoria Circle	
rincipal office address MUST BE A STREET A	DDRESS)	West Palm Beach, FL 33409	
			⊒: P:=
			\mathbb{H}^{+} ω
nter new mailing address, if applicable:		5182 Victoria Circle	
<u> Iailing address MAY BE A POST OFFICE BO</u>	<u>X)</u>	West Palm Beach, FL 33409	
. If amending the registered agent and/or registered agent and/or the new registered office address h	stered office : ere:	address on our records, <u>enter the</u>	e name of the new regist
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	
_		, Floric	
		Cīņ	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
N/A			
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Effective date, if other	than the date of fili	ng:		(optional))
If an effective date is listed, Note: If the date inserte document's effective da	d in this block does not	t meet the applical	date of filing or more the ole statutory filing requ	an 90 days after filing airements, this date	;,) Pursuant to 605.01 : will not be listed
ne record specifies a delay	red effective date, but n	ot an effective tim	ne, at 12:01 a.m. on the	e earlier of: (b) T	he 90th day after t
ord is filed.					
ord is filed. Dated March	3	_ ·	<u>~</u> ·		
Dated March	3 Rell = 1	-· 2020	<u>.</u> .		

Filing Fee: \$25.00