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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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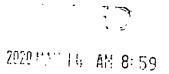
COVER LETTER

	sion of Co	ection rporations		
SUBJECT:	Luxury Gr	ooms, LLC		
		Name of Lin	nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return :	all correspo	ondence concerning this matter	to the following:	
		Jimmy Normil		
			Name of Person	
		Luxury Grooms, LLC		
			Firm/Company	
		1801 NE 123rd Street, Sui	te #314	
			Address	
		North Miami, FL 33181		
			City/State and Zip Code	
		info@luxurygrooms.com		
C. C. A. C.			to be used for future annual report noti	fication)
For further into	ormation c	oncerning this matter, please c	all;	
Jimmy Normil			786 342-8576	•
	Name o	Person	Area Code Daytime	e Telephone Number
Enclosed is a c	heck for th	e following amount:	•	
			_	
≌ \$25.00 Fili	ing 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)
	ng Address		Street Address:	
	stration S		Registration Sec	
		orporations	Division of Corp	
r.U.	Box 6321	<i>i</i>	The Centre of To	allahaccan

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Luxury Grooms, LLC				
(Name of the Limited)	Liability Compa A Florida Limited I	ny as it now appea liability Company)	rs on our records.)	····
The Articles of Organization for this Limited Lia	bility Company	were filed on $\frac{02}{}$	/24/2020	and assigned
Florida document number L20000060582				
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company h	ere:	
The new name must be distinguishable and contain the wo	rds "Limited Liabil	lity Company," the o	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	błe:	1801 NE 123rd	Street, Suite #314	
(Principal office address MUST BE A STREET ADDRESS)		North Miami, F	-L 33181	
Enter new mailing address, if applicable:		1801 NE 123rd	Street, Suite #314	
(Mailing address MAY BE A POST OFFICE BOX)		North Miami, FL 33181		
B. If amending the registered agent and/or re	nistered office	address on our i	records enter the na	nme of the new registered
agent and/or the new registered office address	•	address on our	records, enter the ha	and of the new registered
Name of New Registered Agent:	Jimmy Normil			
New Registered Office Address:	1801 NE 123rd	Street, Suite #31-	4	
		Enter Flo	orida street address	
	North Miami		, Florida	33181
		Cuy		Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:	<u>:</u>		

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
MGR	Jimmy Normil	1801 NE 123rd Street, Suite #314	□Add
		North Miami, FL 33181	CRemove
			DAdd
			□Remove
			□ Change
			□Add
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Effect	ive date, if other than the date of filing:
lfan el Note:	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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	ent's effective date on the Department of State's records.
	d 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
ord is fi	
Dated	5/12/2020 Significant of a member of authorized representative of a member
Daicu	<u> </u>
	my / and
	/ / Sightture of a member of authorized representative of a member
	Jimmy Normic Typed or propried name of signer

Filing Fee: \$25.00