

LZO 0000097967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

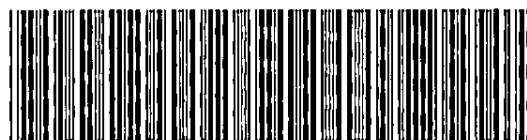
(Business Entity Name)

(Document Number)

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FILED
2020 SEP 25 PM 1:02
CLERK OF COURT
JANISSE E. HARRIS

OCT 31 2020
S. YOUNG

COVER LETTER

To: Registration Section
Division of Corporations

SUBJECT: LUXE VALET TRASH SERVICES 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:

JESSICA WHEELER
Name of Person

Firm/Company

821 NW 85 TER APT 2220
Address

Plantation/FL/33324
City/State and Zip Code

luxevaltrash@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESSICA WHEELER at (305) 967-3835
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LUXE VALET TRASH SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04-07-2020 and assigned
Florida document number L20000097967.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

821 NW 85 TER

APT 2220

Plantation, FL, 33324

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ALPHONZO Rigby

New Registered Office Address:

821 NW 85 TER APT 2220

Enter Florida street address

Plantation

City

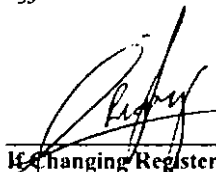
Florida

Zip Code

33324

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.



Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager

AMBR = Authorized Member


<u>title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ALPHONZO Rigby	821 NW 85 TER, Apt 2220	<input checked="" type="checkbox"/> Add
		Plantation, FL, 33324	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HENISHKA Rolle	7750 NW 78 AVE,	<input type="checkbox"/> Add
		Tamarac, FL, 33321	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	JERVIS Stuart	2030 NW 29 AVE apt 202	<input type="checkbox"/> Add
		Hollywood, FL, 33020	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	JESSICA WHEELER	821 NW 85 TER, apt	<input checked="" type="checkbox"/> Add
		2220, Plantation, FL,	<input type="checkbox"/> Remove
		33324	<input type="checkbox"/> Change
resident	Shaquanda WEAVER	821 NW 85 TER apt	<input checked="" type="checkbox"/> Add
		2220, Plantation, FL,	<input type="checkbox"/> Remove
		33324	<input type="checkbox"/> Change
MGR	JERVIS Stuart	2030 NW 29 AVE	<input checked="" type="checkbox"/> Add
		apt 202, Hollywood, FL	<input type="checkbox"/> Remove
		33020	<input type="checkbox"/> Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: ~~08-19-2020~~ 08-31-2020 (optional)
(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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

he 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
ord is filed.

Dated _____, _____.


Signature of a member or authorized representative of a member

HENISHKA ROLIE
Typed or printed name of signee