

L20000097967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

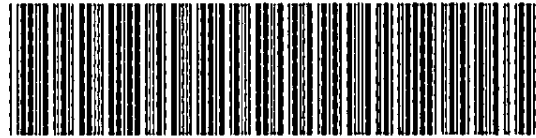
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LUXE VALET TRASH SERVICES LLC

Name of Limited Liability Company

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

ease return all correspondence concerning this matter to the following:

JESSICA WHEELER

Name of Person

Firm/Company

2114 N FLAMINGO ROAD #700

Address

PEMBROKE PINES, FL, 33028

City/State and Zip Code

LUXEVALETTRASH@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESSICA WHEELER

Name of Person

at (305) 967-3835

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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 L.L.C

(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

2114 N Flamingo Road # 700
PEMBROKE PINES, FL, 33028

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

2114 N Flamingo Road # 700
PEMBROKE PINES, FL, 33028

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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

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

GR = Manager

MBR = Authorized Member

<u>title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	JESSICA WHEELER	2114 N FLamingo RD #700	<input checked="" type="checkbox"/> Add
		Pembroke Pines, FL, 33028	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
IMBR	ALPhonzo Rigby	2114 N FLamingo ROAD #700	<input checked="" type="checkbox"/> Add
		Pembroke Pines, FL, 33028	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	HENISHKA ROHE	7750 NW 78	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SERVIS Stuart	2030 NW 29 AVE apt 202	<input type="checkbox"/> Add
		hollywood, FL, 33020	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	SHAQUANDA WEAVER	321 NW 35 TER apt 2220	<input type="checkbox"/> Add
		Plantation, FL, 33324	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

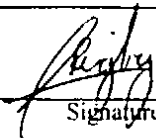
Effective date, if other than the date of filing: 01/25/2021 (optional)

(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.

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 01/06/2021



Signature of a member or authorized representative of a member

Alphonzo Rigby

Typed or printed name of signee