## L20000 107086

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## **COVER LETTER**

TO: Registration Se Division of Corp			
SUBJECT: LÛX	CORY ONE L Name of Lim	ited Liability Company	Contract Con
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	WENDY T	Name of Person	
	Luxury Or	Firm/Company	
	290 NW PER	Address	81752
		EFL - 349 City/State and Zip Code 319 (G) 9 mail C	
	E-mail address: (t	to be used for future annual report notif	fication)
For further information co	oncerning this matter, please ca	all:	
Werely Blox Name of	Person	at ( <u>305</u> ) <u>741-13</u> Area Code Daytime	344 - 954 - 445 -8844 e Telephone Number
Enclosed is a check for the	e 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 Fec. 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

2020 \*\*\*\* 26 PH 3: 46 LUXURY () iability Company as it now appears on our records.) lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 4-19-2025 and assigned Florida document number <u>L2000010708</u> 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 \_\_\_

## 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.

City

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

Title	<u>Name</u>	Address	Type of Action
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cord spis filed.		effective date, but	not an effective	time, at 12:01 a.m	on the earlier	of: (b) The 90t	h day after the
ted	5-19	-2020 Blow	_: <del>_</del>	·			