L20000 131537

(Requ	iestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nam	e)
(Docu	ıment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ling Officer:	

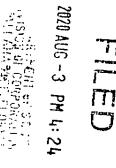
Office Use Only



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COVER LETTER

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	ion Section of Corporations		
SHR IFCT:	LUX	URII NAILS LLC	
		mited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are su	bmitted for filing.	
Please return all co	rrespondence concerning this matte	er to the following:	
		STEPHINE JEANPHILIPPE	
		Name of Person	
		LUXURII NAILS LLC	
		Firm/Company	
		4856 FIORANZANTE AVE	
		Address	
		ORLANDO, FL 32839	
		City/State and Zip Code	
		dre_77@yahoo.com	
		(to be used for future annual report not	ification)
For further informa	tion concerning this matter, please	call:	
STEPHIN	RE JEANPHILIPPE	352 281-1371 at ()	
, N	lame of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check	for the following amount:		
□ \$25.00 Filing F	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)
Division P.O. Box	ion Section of Corporations	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUXURII NA	11 8 1 1 6	
(Name of the Limited Liability Compe (A Florida Limited		
(A Florida Limited	Liability Company)	ROTE P
The Articles of Organization for this Limited Liability Company	were filed on 05/15/2020	The Record of th
Florida document number 1.20000131537		25
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the limited liab	ility company here:	
LUXURII ENTERPRISES, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.1.,C."
Enter new principal offices address, if applicable:	1017 W Colonial Dr	
(Principal office address MUST BE A STREET ADDRESS)	Orlando, Fl. 32804	
Enter new mailing address, if applicable:	_	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	ddress on our records, enter the	name of the new registered
agent and/or the new registered office address here:		
None and the property of the second		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	ı
	Сиу	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
		Remove	
			□Change
			□Add
		 	□Remove
			□ Change
			□Add
			□Remove
		□Change	
		□Add	
		□Remove	
		□Change	
		□Change	
		DAdd	
		□Remove	

D. Hame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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More:	ive date, if other than the date of filing:
f the recor	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 led.
Dated	X Signature of a number or authorized representative of a member
	STEPHINE JEANPHILIPPE
	Typed or printed name of signee