## LZ0000158785

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	AL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	,

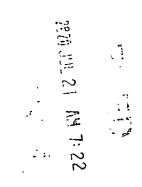
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SEP 01 2020 S. YOUNG

## **COVER LETTER**

TO:

	ation Sec n of Corp	ction porations			
	ELUXRE.	ALTY.LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed Ar	ticles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return all	correspoi	ndence concerning this matter	to the following:		
		Luis Salazar			
			Name of Person	<del></del>	
		DELUXREALTY.LLC			
		<del></del>	Firm/Company	<del></del>	
		10935SW 41TR			
		Address Miami,Fl 33165			
			City/State and Zip Code		
		ls2514335@gmail.com			
			to be used for future annual report no	tification)	
For further infor	mation co	oncerning this matter, please c	all:		
Luis Salazar			at ( ) (305)812-0		
	Name of	Person	at () Area Code Dayth	ne Telephone Number	
Enclosed is a ch	eck for th	e following amount:			
<b>■</b> \$25.00 Filir	ig 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)	
	g Address		Street Address:	ection	
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. E	30x 632	7	The Centre of	Tallahassee	
Tallah	iassee. F	FL 32314	2415 N. Monre	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

 $\simeq$ 

DELUXREALTY.LLC			20
(Name of the Limited Lia (A Flo	bility Company as it now appear rida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Florida document number	v Company were filed on	07/06/2020	and assigned
This amendment is submitted to amend the following	:		. 23
A. If amending name, enter the new name of the l	imited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "I Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD		esignation "LLC" or the	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address her		ecords, enter the n	ame of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ida 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

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	Luis Salazar	10935sw 41tr Miami Fl 33165	□Add
			□Remove
		<u>-</u>	= Change
			Remove
			□Change
			□Remove
			□Change
	·		□Add
		□Remove	
			□Change
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Note: If t	date, if other than the days date is listed, the date must be the date inserted in this block is effective date on the Department.	k does not meet the applicable	(option te of filing or more than 90 days after the statutory filing requirements, this	<b>nal)</b> iling.) Pursuant to 605.0207 ( date will not be listed as t
e record sp rd is filed.		iate, but not an effective time,	at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated	7/15/2020	6:51pm		
		ali di		
	Ši	gnature of a member or authorized	I representative of a member	

Filing Fee: \$25.00