L20000208127

| (Requestor's Name) |
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| |
| (Address) |
| |
| (Address) |
| (was a said |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| (Socialism (Camper) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE

COVER LETTER

| TO: Registration Division of C | | | | | |
|-----------------------------------|--|---|--------------------|----------------------|---|
| Scuba X | • | | | | |
| SUBJECT: | | | | | |
| | Name of Lim | ited Liability Company | | | |
| The enclosed Articles | of Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all corres | pondence concerning this matter | to the following: | | | |
| | Gustavo Gonzalez | | | | |
| | | Name of Person | | - | |
| | Scuba X "LLC" | Name of Ferson | | | |
| | 395 nw 177st suite #238 | Firm/Company | | 2021 MA | |
| | miami, fl 33169 | Address | | 2021 MAY 24 PM 2: 08 | |
| | Luxury.intl.llc@gmail | City/State and Zip Code | | 2: 08 51/1 | J |
| | - | to be used for future annual report notif | ication) | , | |
| For further information | concerning this matter, please c | all: | | | |
| gustavo Gonzalez | | 786 3540787 | | | |
| Name | e of Person | at () 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) | Certified | te of Status & | |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

| Scuba X "LLC" | | | |
|---|---|---|------------------------------|
| (Name of the Lim | ited Liability Company as (A Florida Limited Liabili | it now appears on our record ty Company) | <u></u> |
| The Articles of Organization for this Limited L20000208127 | Liability Company were | filed on | and assigned |
| This amendment is submitted to amend the fo | llowing: | | |
| A. If amending name, enter the new name | of the limited liability of | company here: | |
| LUXURY INTERNATIONAL "LLC" | | | |
| he new name must be distinguishable and contain the | words "Limited Liability Co | mpany." the designation "LLC | or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | icable: | | 1021 Str. C |
| Principal office address MUST BE A STRE | ET ADDRESS) | | 100 |
| | | | 2 7 |
| | | | PH PH |
| Enter new mailing address, if applicable: | | | TO N |
| Mailing address MAY BE A POST OFFICE | <u> </u> | | 77 <u>6</u> 8 |
| 3. If amending the registered agent and/or gent and/or the new registered office addr | | ess on our records, <u>enter</u> | the name of the new regist |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | | Enter Florida street address | s |
| | miami | Flo | orida |
| | | itv | Zip Code |

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 |
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| <u>e:</u> If the date inserted in this b | e date of filing: ust be specific and cannot be prior to oblock does not meet the applicable Department of State's records. | date of filing or more than 90 d e statutory filing requireme | _ (optional) ays after filing.) Pu nts, this date wil | rsuant to 605.026 I not be listed a |
| cord specifies a delayed effecti filed. | ve date, but not an effective time | , at 12:01 a.m. on the earlie | er of: (b) The 90 | Oth day after the |
| April 11th | 2021 | | | |
| ed | | | | |
| | Bomelu | 2 <i>-</i> . | | |
| | | d representative of a member | | |

Filing Fee: \$25.00