

L20000234519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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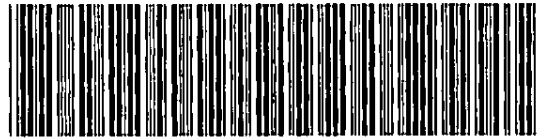
(Business Entity Name)

(Document Number)

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10/26/20--01037--019 **25.00

DEC 04 2020

S. YOUNG

FILED
2020 OCT 26 AM 7:26
CLERK OF SUPERIOR COURT
MASSACHUSETTS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LUXLIFE PRODUCTS, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

AMY YOUSSEF

Name of Person

LuxLife Products LLC

Firm/Company

601 NORTH ASHLEY DRIVE, SUITE 1100-3025

Address

TAMPA, FL 33602

City/State and Zip Code

amy@luxlifeproducts.com

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

For further information concerning this matter, please call:

AMY YOUSSEF 843 437-7123
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

LUXELIFE PRODUCTS, LLC

(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 08/04/2020 and 08/04/2020 Signed

Florida document number 120000234519

This amendment is submitted to amend the following:

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:

601 NORTH ASHLEY DRIVE, SUITE 1100-3025

Principal office address MUST BE A STREET ADDRESS

TAMPA, FL 33602

Enter new mailing address, if applicable:

601 NORTH ASHLEY DRIVE, SUITE 1100-3025

Mailing address MAY BE A POST OFFICE BOX

TAMPA, FL 33602

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:

601 NORTH ASHLEY DRIVE, SUITE 1100-3025

Enter Florida street address

TAMPA

City

Florida 33602

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 or removed from our records:

AMGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	AMY YOUSSEF	601 NORTH ASHLEY DRIVE, SUITE 1100-3025	<input type="checkbox"/> Add
		TAMPA, FL 33602	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

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.

Dated October 20 2020

Signature of a member or authorized representative of _____

Typed or printed name of signee