L20000255695

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

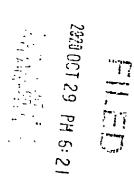
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COVER LETTER

TO:	Registration Se Division of Cor						
Luxe Shades & Designs, LLC.							
SUBJECT:							
		Name of Lim	ited Liability Company				
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		Allyson K. Whitter or Omar R. Walters					
	Name of Person						
	Luxe Shades & Designs, LLC.						
			Firm/Company				
	6660 SW 7th street						
			Address				
	Margate, FL 33068						
	City/State and Zip Code theluxeshades@gmail.com						
		E-mail address: (to be used for future annual report notification)					
For fun	ther information co	oncerning this matter, please ca	all:				
Omar	R. Walters		954 304-7255				
Name of Person			at () Area Code Davtime	e Telephone Number			
	Name of	reison	Area Code Dayunk	е тетерионе маника			
Enclose	ed is a check for th	e following amount:					
□ \$ 2:	5.00 Filing 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)			

Mailing Address:

TO:

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

Luxe Shades & Designs, LLC.			
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records. rida Limited Liability Company)	29	
The Articles of Organization for this Limited Liability Florida document number L20000288698	y Company were filed on September 15, 202	0 and assigned.	
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability company here:		
The new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		ne name of the new registered	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:			
	Enter Florida street address		
	, Flor	ida	

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	Omar Walters	6660 SW 7th Street	≘ Add
		Margate, FL 33068	
		-	□Remove
			□Change
AMBR	Omar Walters	6660 SW 7th Street	_
	<u> </u>	Margate, FL 33068	
			□Renюve
			□ Cl
			□ Change
			□Add
			□Remove
			
		*· *·	
			□ Add
			Remove
			□Change
			□Add
			DAdd
			□Change
			<u>, </u>
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			Change