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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
	WITH STYLE, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for tiling.	
Please return all correspo	ndence concerning this matter	to the following:	
	VIRGINIA VALDOR-ESI	PINOSA	
		Name of Person	
	STAGE IT WITH STYLE	LLC	
		Firm/Company	
	8600 NW 41ST STREET		
		Address	
	DORAL, FL 33166		
	MI EVIVA OL FONDA CO	City/State and Zip Code	
	MLEYVA@LEONPM CO E-mail address: (to be used for future annual report no	tilication)
For further information c	oncerning this matter, please c	all:	
VIRGINIA VALDOR-E	SPINOSA	305 282-0812	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	Section	Street Address: Registration S	
Division of C P.O. Box 632	-	Division of Co The Centre of	•
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STAGE IT WITH STYLE, 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 10/21/2020 and assigned Florida document number 1.20000325379

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LUX LION DESIGNS, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. 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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida _

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

Title	Name	Address	Type of Action
MGR	LINNETTE LEON-VEGA	8600 NW 41ST STREET	≡ Add
		DORAL. FL 33166	
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neffective date is listed, the date must be te: If the date inserted in this block	specific and cannot be prior to date of	of filing or more than 90 days after	filing.) Pursuant to 605,020
cument's effective date on the Depa	rtment of State's records.	and the second s	r date with not be flored t
cord specifies a delayed effective d is filed.	ite, but not an effective time, at 1	12:01 a.m. on the earlier of: (b) The 90th day after th
MARCH, 17TH	2022		
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Filing Fee: \$25.00