Division of Corporations

Propida Description State

Privision of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:		ı	ב ב
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Fax Number	: (850)617-6383		
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From:	TOM THEOR	٠,	- 7
Account Name	: JOHN L. TOMLINSON	•	
Account Number	: 119980 0 00017		<u>,</u>
Phone	: (954)881-1644		C_{i}
Fax Number	: (954)784-4398		(<u>.</u> ?)

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: JLTSRL@Comcast. Net

DEC -9 AM 11:5

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LUXE OUTDOOR LIVING, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUXE OUT D	OOR LIVING, LLC	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our recurds.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number	ny were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
he new name must be distinguishable and contain the words "Lunited Lia	bility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		~)
Principal office address MUST BE A STREET ADDRESS)		1.3
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Enter new malling address, if applicable:		ယ
		_ :
Mailing address MAY BE A POST OFFICE BOX		1.
		
 If amending the registered agent and/or registered offic agent and/or the new registered office address here: 	e address on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<u>-</u>	, Florid	IaZip 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

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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

Name	Address	Type of Action
KNAPP, PAUL	2201 WEST ATLANTIC BOULEVARD	🗏 Add
	POMPANO BEACH, FL 33069-2637	□Remov e
		🗆 Change
		🖸 Add
		□Remove
		C) Change
		— □ □ Add
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	KNAPP, PAUL	KNAPP, PAUL POMPANO BEACH, FL 33069-2637

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Tective date, if other than the an effective date is listed, the date must ote: If the date inserted in this bloomment's effective date on the De	ick does not meet the applicable statutory fil	(optional) more than 90 days after filing.) Pursuant to 605,020 ing requirements, this date will not be listed a
econt specifies a delayed effective is filed.	date, but not an effective time, at 12:01 a.m	n. on the earlier of; (b) The 90th day after the
December 9	2020	
Ool	S. Tomlinson	
	Signature of a member or authorized representation	ve of a ntomber

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