## L20000382813

|                         | (Requestor's Name)              |             |
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|                         | (City/State/Zip/Phone #)        |             |
| PICK-UP                 | WAIT                            | MAIL MAIL   |
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|                         | (Business Entity Name)          |             |
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| Certified Copies        | Certificates of Sta             | atus        |
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| Special Instructions to |                                 |             |
|                         | J. HORNE<br>OCT - <b>6 2022</b> |             |
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## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

| SUBJECT: NEWLIFE                      |  | ited Liability Company  |  |  |
|---------------------------------------|--|---|--|--|
|                                       |  |   |  |  |
| The enclosed Articles of              | Amendment and fee(s) are sub                 | omitted for filing.   |  |  |
| Please return all correspo            | ondence concerning this matter               | to the following:   |  |  |
|                                       | DAVID GABOTON                                |   |  |  |
|                                       |  | Name of Person  |  |  |
|                                       | NEWLIFEMERCH LLC                             |   |  |  |
|                                       |  | Firm/Company  |  |  |
|                                       | 2630 W BROWARD BLV                           | VD SUITE 203  |  |  |
|                                       |  | Address   |  |  |
|                                       | FORT.LAUDERDALE, FL.                         |   | <del></del>  |  |
|                                       | 01   | City/State and Zip Code   |  |  |
|                                       | Gaboton.rt1@gmail.com<br>E-mail address: (   | to be used for future annual report not                             | ification)   |  |
| For further information c             | oncerning this matter, please c              | alt:  |  |  |
| DAVID GABOTON                         |  | at (_954) 668-6112  |  |  |
| Name o                                | f Person                                     | Area Code Daytin  | ne Telephone Number  |  |
| Enclosed is a check for the           | ne following amount:                         |   |  |  |
| ■ \$25.00 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: Registration Section |  | Street Address:<br>Registration Se                                  | etion  |  |
| Division of Corporations              |  | Division of Corporations  |  |  |
| P.O. Box 6327                         |  |   | The Centre of Tallahassee  |  |
| Tallahassee, FL 32314                 |  | 2415 N. Monroe Street, Suite 810                                    |  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION FD

**OF** 2022 OCT -6 PM 1: 26

**NEWLIFEMERCH LLC** 

company has been notified in writing of this change.

(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 12/08/2020                    | and assigned             |
|--|---|--------------------------|
| Florida document number L20000382873   |   |                          |
| This amendment is submitted to amend the following:  |   |                          |
| A. If amending name, enter the new name of the limited liab  | ility company here:                         |                          |
| LUXIUM VENTURES LLC  |   |                          |
| The new name must be distinguishable and contain the words "Limited Liabi  | lity 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)  | 3350 SW148th AVE SUITE 110                  |                          |
|  | MIRAMAR, FL 33027                           |                          |
|  |   |                          |
| Enter new mailing address, if applicable:  |   |                          |
| (Mailing address MAY BE A POST OFFICE BOX)   | 3350 SW 148TH AVE SUITE 110                 |                          |
|  | MIRAMAR, FL 33027                           |                          |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent: | address on our records, enter the na        | me of the new registered |
| New Registered Office Address:   | Enter Florida street address                |                          |
|  |   |                          |
|  | , Florida                                   | Zip Code                 |
| New Registered Agent's Signature, if changing Registered Agent:  | •   | · •                      |
| I hereby accept the appointment as registered agent and agr<br>provisions of all statutes relative to the proper and complete                    | ee to act in this capacity. I further a     | <u> </u>                 |

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

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
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|                    | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an ef<br>Note: | ive date, if other than the date of filing:   |
| cord is fi         |   |
| Dated              | 10/6/2022 0022 )  |
|                    | Signature of a member of authorized representative of a member                                |
|                    | David Gaboton   |
|                    | Typed or printed name of signee   |