

121 000017981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

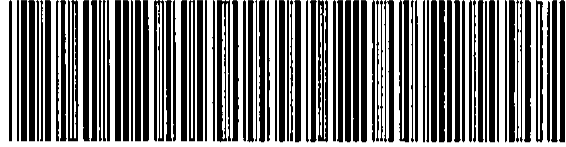
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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January 28, 2021

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Division of Corporations Official:

This letter is to inform the Florida Department of State, Division of Corporations that Luxury Custom Services, LLC would like to make the following amendments to its Articles of Organization:

1. **Article III- change the registered agent's name from STEPHEN MARTINEZ to STEPHEN A. MARTINEZ**
2. **Article IV- change the authorized manager's title from CEO to AMBR, and change the name from STEPHEN MARTINEZ to STEPHEN A. MARTINEZ**
3. **Article V- change the electronic signature from STEPHEN MARTINEZ to STEPHEN A. MARTINEZ.**

Enclosed, you will find the following:

1. Cover letter addressed to the Registration Section/ Division of Corporation
2. Articles of Amendment to Articles of Organization of Luxury Custom Services, LLC, form.
3. **\$30.00 Money Order Serial # 27272551162** for the Filing Fee and Certificate of Status.

Thank you for your consideration in this matter.

Sincerely,



Stephen A. Martinez

COVER LETTER

Registration Section
Division of Corporations

LUXURY CUSTOM SERVICES, LLC

SUBJECT: _____
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

STEPHEN A. MARTINEZ

Name of Person

LUXURY CUSTOM SERVICES, LLC

Firm/Company

911 NE 156 TERRACE

Address

N MIAMI BEACH, FL 33162

City/State and Zip Code

LUXURYCUSTOMSERVICES@GMAIL.COM

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

For further information concerning this matter, please call:

STEPHEN A. MARTINEZ 305 290-9013

Name of Person at (_____) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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**

LUXURY CUSTOM SERVICES, 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 JANUARY 06, 2021 and assigned
Florida document number L21000017981.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

STEPHEN A. MARTINEZ

New Registered Office Address:

911 NE 156TH TERRACE

Enter Florida street address

N. MIAMI BEACH

City

Florida

33162

Zip Code

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
removed from our records:

GR = Manager

MBR = Authorized Member

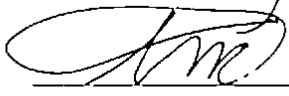
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
EO	STEPHEN MARTINEZ	911 NE 156TH TERRACE	<input type="checkbox"/> Add
		N MIAMI BEACH, FL 33162	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	STEPHEN A. MARTINEZ	911 NE 156TH TERRACE	<input checked="" type="checkbox"/> Add
		N MIAMI BEACH, FL 33162	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: JANUARY 26, 2021 (optional)
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

: record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d is filed.

Dated January 26, 2021



Signature of a member or authorized representative of a member

STEPHEN A. MARTINEZ

Typed or printed name of signee