## L21000027518

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	<del>e #)</del>
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

TO:

	egistration Se ivision of Cor					
CUBICT	Vixen Klos	et, LLC				
SUBJECT		Name of Lim	nited Liability Company	<del></del>		
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retu	m all correspo	indence concerning this matter	to the following:			
		Xzaria T Greene				
			Name of Person	<del></del>		
			Firm/Company			
		3314 Ellington Court		~	900	
			Address			. 2
		Fort Myers, Florida 33916			ری	
		vluxxkloset@gmail.com	City/State and Zip Code	in Sign	PH 12: 02	
For further	information co	E-mail address: ( oncerning this matter, please or	to be used for future annual report notification) all:		02	
Xzaria Gre			239 33916 at ( )			
	Name o	f Person	Area Code Daytime Telepho	ne Number	_	
Enclosed is	a check for th	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 I Certificate of Certified Copy (additional copy i	Status & Y	
R	ailing Addres	Section	Street Address: Registration Section			
	ivision of C O. Box 632		Division of Corporation The Centre of Tallahass			
	allahassee, I		2415 N. Monroe Street			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vixen Kloset, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our rated Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp	oany were filed on 01/21/2021	and assigned
Florida document number L21000027528		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	liability company here:	
VLUXX KLOSET, LLC		
he new name must be distinguishable and contain the words "Limited L	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	5)	
	<del></del>	- control
	<del></del>	7.1) w .
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
runing duaress MAY BE A 1 037 OFFICE BOA		7 N
		***
3. If amending the registered agent and/or registered offigent and/or the new registered office address here:	ice address on our records, <u>e</u>	enter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	address
		_, Florida
	City	Zip 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 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
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			□Remove
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fective date, if other than the da	te of filing:		2.000		_ (option	al)		****
an effective date is listed, the date must bote:  If the date inserted in this block	does not me	et the applica						
cument's effective date on the Depa	rtment of Sta	te's records.						
d annifin a deland office		EFii	12:01 -		: e (15)	TL - 0	0.1. 1	A 15
ecord specifies a delayed effective of is filed.	ate, but not a	n effective th	ne, at 12:01 a	.m. on the eart	ier oi: (b)	ine 9	oto day	atter in
ated April, 29	<u> </u>	2023						
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Filing Fee: \$25.00