

L21000027528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

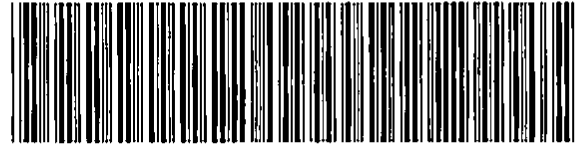
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STATE OF ALABAMA  
TALLAHASSEE, FL 32301

2024 DEC -3 AM 6:54

2024 DEC -3 AM 8:25  
TALLAHASSEE, FL 32301

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Masaudi Enterprises, LLC

\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

David Roberts

\_\_\_\_\_  
Name of Person

Registered Agents, Inc

\_\_\_\_\_  
Firm/Company

7901 4th St N STE 300

\_\_\_\_\_  
Address

St Petersburg, FL 33702

\_\_\_\_\_  
City/State and Zip Code

agent@floridaregisteredagent.com

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

For further information concerning this matter, please call:

David Roberts

813

575-1161

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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  
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**

VLUXX BOUTIQUE, 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 01/12/2021 and assigned  
Florida document number L21000027528.

This amendment is submitted to amend the following:

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

Masaudi Enterprises, LLC

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)**

3592 Broadway

STE 130

Fort Myers, FL 33901

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

7901 4th St N

STE 300

St Petersburg, FL 33702

**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:**

Name of New Registered Agent:

David Roberts

New Registered Office Address:

7901 4th St N STE 300

*Enter Florida street address*

St Petersburg

*City*

Florida 33702

*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.*

  
Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jaquavias Sturgis	3592 Broadway	<input checked="" type="checkbox"/> Add
		Suite 130	<input type="checkbox"/> Remove
		Fort Myers FL, 33901	<input type="checkbox"/> Change
AMBR	Charlie Sturgis	3592 Broadway	<input checked="" type="checkbox"/> Add
		Suite 130	<input type="checkbox"/> Remove
		Fort Myers FL, 33901	<input type="checkbox"/> Change
AMBR	Alfrica N Robinson	Alfrica N Robinson	<input type="checkbox"/> Add
		2050 Collier Ave Ste 110	<input checked="" type="checkbox"/> Remove
		Fort Myers, FL 33901	<input type="checkbox"/> Change
AMBR	Xzaria T Greene	Xzaria T Greene	<input type="checkbox"/> Add
		2050 Collier Ave Ste 110	<input checked="" type="checkbox"/> Remove
		Fort Myers, FL 33901	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

WHEREAS, the original business entity, Vluxx Boutique, LLC (formerly registered as Vixen Kloset, LLC), is no longer operated by its original owner and has undergone changes in ownership and management WHEREAS, the business entity known as Masaudi Enterprises, LLC was established on August 1, 2024, and is entirely independent of Vluxx Boutique, LLC (or Vixen Kloset, LLC);

WHEREAS, the previous authorized persons and members of Vluxx Boutique, LLC (or Vixen Kloset, LLC) have provided written consent from the previous corporations authorized member, to confirm their removal and disassociation from any and all rights, obligations, or responsibilities under Masaudi Enterprises, LLC

See Attachment page for additional information and its entirety.

**E. Effective date, if other than the date of filing:** December 01, 2024 **(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.

If the 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 record is filed.

Dated December 01, 2024

Jaquavias Sturgis  
Signature of a member or authorized representative of a member

Jaquavias Sturgis  
\_\_\_\_\_  
Typed or printed name of signee