L21000069728

Florida Department of State
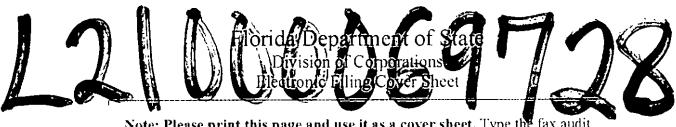### Division of Corporations
Electronic Filing Cover Sheet

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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H210000887553ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

```
To:
        Division of Corporations
        Fax Number      : (850)617-6383

From:

        Account Name    : SWART BAUMRUK & COMPANY, LLP
        Account Number  : 120000000291
        Phone           : (407)847-7466
        Fax Number      : (407)847-6641
```

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LUXE DI VITA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$25.00

MAR - 5 2021

M. SOLOMON

2021 MAR -4 AM 10: 06 FILED

2021 MAR -4 PH 2: 27 RECEIVED

Electronic Filing Menu   Corporate Filing Menu   Help

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LUXE DI VITA, 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 ___February 9, 2021___ and assigned

Florida document number ___L21000069728___.

This amendment is submitted to amend the following:

A. 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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registe agent and/or the new registered office address here:

<u>Name of New Registered Agent:</u> _____

<u>New Registered Office Address:</u> _____

Enter Florida street 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 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, <u>Signature of New Registered Agent</u>

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	AZZURRA SANTO ENTERPRISES, LLC	900 Biscayne Blvd #1105	☐Add
		Miami, FL. 33132	☒Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove

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

_____

_____

_____

E. Effective date, if other than the date of filing: _____ (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)
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 _____ March 4 _____ 2021 _____

E →

_____

Signature of a member or authorized representative of a member

Luxury Network Consulting, Inc. by Bozana Cavar, President

Typed or printed name of signee

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