To:

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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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: ____santo@ifcacreative.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AGENCY OF LUXE, LLC

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

MAR 1 1 2021

M. SCHAMEN

From: Candy McDonah

Fax: 13214025154

To: Fax: (850) 617-6383 2 Page: 2 of 4 2 03/10/2021 2:07 PM

TO ARTICLES OF ORGANIZATION. OF

AGENCY OF LUXE, LLC (Name of the Limited Liability Company as it now appears o (A I londa Limited Liability Company)	ogrecords.)
The Articles of Organization for this Limited Liability Company were filed on Fernance Florida document number <u>L21000069919</u>	bruary 10, 2021 and assigned
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 design	nation "L.I.C" or the abbreviation "L.I.C."
Enter new principal offices address, if applicable:	2821
(Principal office address MUST BE A STREET ADDRESS)	
	76 b
Enter new mailing address, if applicable:	
(Mailing uddress MAY BE A POST OFFICE BOX)	22
B. If amending the registered agent and/or registered office address on our reconspent and/or the new registered office address here:	ords, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: Fater 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 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

rom: Candy McDonah 3 Fax: 13214025154 1 To:	Fax: (850) 617-6383	RPage: 3 of 4 1 03/10/2021 2:07 PM ed
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(((H21000097702 3)))

or removed from our records:

MGR = Manager
AMBR = Authorized Member

AMBR = A	uthorized Member		
Title	<u>Name</u>	Address	Type of Action
AMBR	LUXURY NETWORK CONSULTING, INC.	6538 Collins Ave #625	DAdd
		Miami Beach, FL. 33141	ØRemove
			Change
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			□Remove
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From: Candy McDonah	Fax: 13214025154	To:	Fax: (850) 617-6383	Page: 4 of 4	03/10/2021 2:07 PM
		(((H2100	00097702 3)))		
D. If amending	any other informs	tion, enter char	age(s) here: (Attach additional shee	ts, if necessary.)	
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E. Effective date, if other than the date of filing:

(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

March 4

2021

Rignature of a member or authorized representative of a member

Azzurra Santo Enterprise, LLC by Azure Peak, Authorized Member

Typed or printed name of signee