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PICK-UP WAIT MAIL	
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COVER LETTER

TO:

Registration Section

Division of Co	rporations		
Agency of	Luxe, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Azzurra Santo Peak		
		Name of Person	
	Agency of Luxe, LLC		
		Firm/Company	
	127 W Fairbanks Ave, Ap	rt 443	
		Address	
	Winter Park, FL 32789		
	santo@agencyofluxe.com	City/State and Zip Code	
	= -	to be used for future annual report no	tification)
For further information of	concerning this matter, please of	all:	
Azzurra Santo Peak		917 687-1090 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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 S Division of C P.O. Box 632	Section Corporations 17	Street Address: Registration So Division of Co The Centre of	rporations Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Agency of Luxe, LLC		
(Name of the Limited Liability Comp (A Florida Limited	Pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on June 2, 2021	and assigned
Florida document number L21000069919		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company." the designation "LLC" or the a	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)	127 W Fairbanks Ave Apt 443	
BEAT OST VITTEE BOX	Winter Park, FL 32789	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:		ne of the new registered
agent and of the new registered office address here:		·
		garen en granden garen
Name of New Registered Agent:		
New Registered Office Address:		5
	Enter Florida street address	5:
	, 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

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

Title	<u>Name</u>	Address	Type of Action
MERM	Kimberly Wiley	127 W Fairbanks Ave	≣ Add
		Winter Park, FL 32789	□Remove
			□Change
		•	□Add
			□Remove
			□Remove
			□Change
 .			□Add
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			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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Effective date, if other than the date of filing: (If an effective date, it does not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The effective date on the Department of State's records. The 90th day after the record is filed. Dated June 2			
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Filing Fee: \$25.00