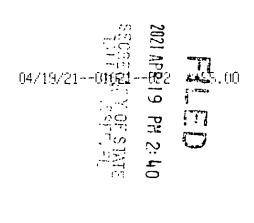
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(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
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	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
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	Special Instructions to Filing Officer:

Office Use Only





## **COVER LETTER**

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Registration Section

Tallahassee, FL 32314

TO:

Division of Corp	oorations			
SUBJECT:	Deluxe Alline	Lic		
	Name of Limite	ed Liability Company		
The enclosed Articles of A	Amendment and fee(s) are subm	itted for filing.		
Please return all correspor	idence concerning this matter to	the following:		
•	-	-		
	Avicamal	Name of Person		
	Del	uxt Alluce Firm/Company		202
	1501	SW127+11 A	<u>ve</u> 25	APR 19
	Arch	er FL. 32618	10 co	1
	E-mail address: (to	City/State and Zip Code  A CO AMCL & COM be used for futere annual report notif	(Tation)	<b>1</b> 0
For further information ec	oncerning this matter, please cal	l:		
Avi unnah Jai Name of	NZV Person ,		၁ဝ၎ e Telephone Number	_
Enclosed is a check for th	e following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional copy	f Status & py
Mailing Address		Street Address:		
Registration S Division of Co		Registration Sec Division of Corp		
P.O. Box 632	•	The Centre of T	-	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Name of the Limited Liability Compa	ny as it now appears on our records )
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21000 \setminus 05407}{L}$ .	were filed on 0310512021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Lush 'N' Luxe LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	13011 SW 127th Ave
(Principal office address MUST BE A STREET ADDRESS)	Archer, FL. 22619
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 1005, Archar, FL, 32615
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new-registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Planta.
	, 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

<u>Title</u>	Name	Address	Type of Action
			⊒Remove
			□ Change
			□ Add
			□Remove
			☐ Change
			Actinove P Change
			Change No. 10 Add
			□Remove
			□Add
			□Remove
			□Change
			□Remove
			Change

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Effective date.	, if other than the c	late of filino				(optional)		
If an effective date <u>Note:</u> If the dat	e is listed, the date must te inscrted in this blo ective date on the De	be specific and ck does not m	cannot be prior to cet the applical	o date of filing or ble statutory fili	more than 90 day	s after filing.) Pu	rsuant to I not bo	) 605,0207 : listed as
	ecifies a delayed lay after the reco		ate, but not	an effective	time, at 12	:01 <b>a</b> .m. on	the e	arlier of
Dated <u>Apr</u>	-11_15		2021	_·				
	ANDANAA.	Ag. W.	4					_
	artaurah	signature of alm	tember or author	ized representativ	re of a member			

Page 3 of 3