

621000112969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

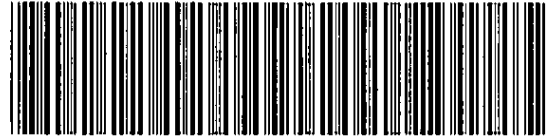
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com

incserv

~~E-mail: incserv@incserv.com~~

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau

~~Corporate Counsel, ES&T, LLC~~

850.656.7953

REQUEST DATE 4/1/2021

PRIORITY Regular Approval

OUR REF. # (Order ID#) 904720

ORDER ENTITY

A1 LUXURY LIFESTYLE LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

A1 LUXURY LIFESTYLE LLC (FL)

File the attached correction document

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: AI LUXURY LIFESTYLE LLC

SECOND: The Florida Document number of the limited liability company is: L21000112969

THIRD: Document to be corrected is: ARTICLES OF ORGANIZATION

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The corrected name of the Manager in Article 5 is Antione A. Taylor and he is also the registered agent and his name should be corrected to read in Article 3 Antione A. Taylor.

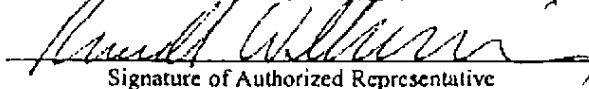
OR

- ☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

The signature for the registered agent should state Antione A. Taylor.

OR

- ☒ The electronic transmission of the record was defective.

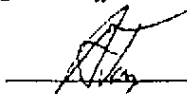

Signature of Authorized Representative

03-31-2021
Date

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.



Registered Agent's Signature

Filing Fee: **\$25.00**
Certified Copy: **\$30.00 (optional)**