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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

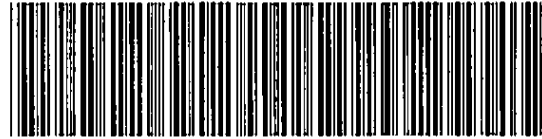
(Business Entity Name)

(Document Number)

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OCT 15 2021

2021 OCT -7 AM 10:03

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Luxur Couture L.L.C.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ashlee Allison  
Name of Person

Luxur Couture  
Firm/Company

627 N Grandview Ave Ste 224  
Address

Daytona Beach FL 32118  
City/State and Zip Code

Ashlee.Allison@Luxurcouture.co  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashlee Allison at 386 355-1147  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Luxur Culture 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 April 30, 21 and assigned Florida document number L21000201554

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)

621 N Grandview  
Ave Ste 221 Daytona  
Beach FL 32118

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

621 N Grandview  
Ave Ste 221 Daytona  
Beach FL 32118

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

Name of New Registered Agent:

Ashlee Allison

New Registered Office Address:

621 N Grandview Ave Ste 221

*Enter Florida street address*

Daytona Beach Florida 32118

*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.*

Ashlee Allison

**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ashlee Allison	627 N Grandview Ave Ste 227 Dunton Beach FL 32118	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Ashlee Allison	4160 Banana Cay Dr Apt D south Dunton FL 32119	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

Please Add ETN. EIL# 85-  
3751049

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SECRETARY OF STATE  
DEPARTMENT OF STATE  
WASHINGTON, DC 20520-0001

FILED

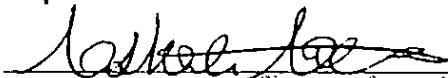
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)(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 September 30, 2021



Signature of a member or authorized representative of a member

Ashlee Allison

Typed or printed name of signee