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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Allure Esteles Luc 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:
Elizabeth Mingo Name of Person
Alluke Estatos Lici Firm/Company
10797 Oak Glen CR
OK/ando Fr 32817 City/State and Zip Code Sadelm 4me & Yahao. eim OR Allure alf C 44hoo. Cerry E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Elizabeth Ming at (404) 285-5957 Name of Person at (404) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Signature Solution So

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

Hllure Estate	, LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number $\frac{27000230557}{}$	vere filed on 5/18/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abb	oreviation "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)		
B. If amending the registered agent and/or registered office ad	idress on our records, enter the name	of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		(m)
New Registered Office Address:		232
	Enter Florida street address Florida City To get in this capacity. I further agree	
	, Florida	1
	City	Zìp Code
New Registered Agent's Signature, if changing Registered Agent:		. 75
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	verformance of my duties, and I am fa covided for in Chapter 605, F.S. Or, i	williar with and If this document is

company has been notified in writing of this change.

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
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	fies a delaye	d effective date,	but not an eff	ective time,	at 12:01 a.m	. on the earli	er of: (b) The	90th day after the
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