

To: 8506176383

From: Eugene Likhovid

10-07-21

3:14pm

1 of 1

L21000251053

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ALEGEN FLEET, LLC
Account Number : 120210000134
Phone : (847)687-2318
Fax Number : (847)687-2318 8

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: zheka@zheka.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LUXE CHARTERS LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUXE CHARTERS 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 05/28/2021 and assigned
Florida document number L21000251053.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent:	<u>EUGENE LIKHOVID</u>
New Registered Office Address:	<u>18101 COLLINS AVE. APT 1703</u> <i>Enter Florida street address</i>
	<u>SUNNY ISLES BEACH</u> , Florida <u>33160</u> <i>City Zip Code</i>

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

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CLERK OF COURT
STATE OF FLORIDA

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

[illegible]

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

F. Effective date, if other than the date of filing: _____ (optional)

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)(h)
_____ (If a filing commitment is listed, this date will not be listed as the effective date.)

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 day after the record is filed.

Dated October 7, 2021

Signature of a member or authorized representative of a member

ALEKSANDR FAYN

Typed or printed name of signee

STATE OF TEXAS,
COUNTY OF DALLAS.

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