

L21000258310

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

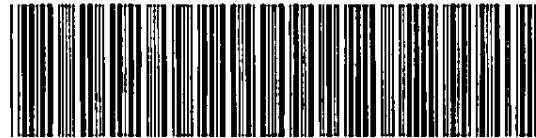
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 NOV 14 AM 7:33

SECRETARY OF STATE  
TALLAHASSEE, FL

A P U P P R

NOV 21 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AHM LUXURY LIVING GROUP LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FABRICE HERZSTEIN

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm Company

20803 BISCAYNE BLVD SUITE 440

\_\_\_\_\_  
Address

AVENTURA, FL 33180

\_\_\_\_\_  
City State and Zip Code

FABRICE@MCHCONSULTINGUSA.COM

\_\_\_\_\_  
E-mail address, (to be used for future annual report notification)

For further information concerning this matter, please call:

FABRICE HERZSTEIN

786 785-5000  
at ( )

\_\_\_\_\_  
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**

**FILED**

AHM LUXURY LIVING GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2022 NOV 14 AM 7:33

The Articles of Organization for this Limited Liability Company were filed on JUNE 3 2021

SECRETARY OF STATE  
TALLAHASSEE, FL  
and assigned

Florida document number 1.21000258310

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)**

20803 BISCAYNE BLVD, SUITE 440

AVENTURA, FL 33180

**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:

MCH CONSULTING USA GROUP CORP

New Registered Office Address:

20803 BISCAYNE BLVD, SUITE 440

Enter Florida street address

AVENTURA

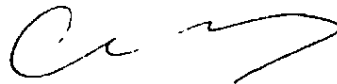
City

Florida 33180

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ROSARIO RILCY	20803 BISCAYNE BLVD, SUITE 440	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CHARLES MAGLIO	P.O. BOX 69	<input type="checkbox"/> Add
		HARTSDALE, NY 10530	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signer

**Filing Fee: \$25.00**

Guillaume KAHOTA  
5/16/2022



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 31, 2022

FABRICE HERZSTEIN  
20803 BISCAYNE BLVD  
SUITE 440  
AVENTURA, FL 33180

SUBJECT: AHM LUXURY LIVING GROUP, LLC  
Ref. Number: L21000258310

We have received your document for AHM LUXURY LIVING GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 022A00024354

2022 OCT 14 PM 1:16  
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