

# L21000 266 011

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

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

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

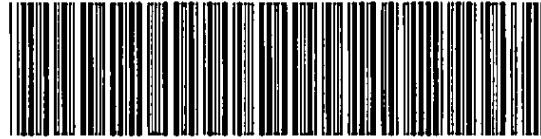
\_\_\_\_\_  
(Document Number)

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### RECEIVED

JUL 12 2021

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2021 JUL 12 PM 3:46  
CLERK OF COURT

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: luxury services Mia LLC  
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:

David Hurd  
Name of Person

luxury services Mia LLC  
Firm/Company

18950 SW 240<sup>th</sup> street  
Address

Miami, FL 33031  
City/State and Zip Code

~~407.552~~ luxuryservicesmia@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

( carlos del valle at ( 786 ) 502-6419 )  
Name of Person Area Code Daytime Telephone Number  
( David Hurd 786-651-6499 )

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

Luxury Services Mia 21 LLC #13:46  
(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 July 6<sup>th</sup> 2021 and assigned  
Florida document number L21000266011

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)

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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**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:

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New Registered Office Address:

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*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*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.*

\_\_\_\_\_  
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

21 JUL 12 PM 3:46

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Emma B. Hurd	19800 SW 180 <sup>th</sup> Ave lot #37 Mia, FL 33187 124 S woodlawn Ave	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Alexis Trabanino	Aldan, Pa 19018	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	Gian Franco	9912 Hammocks Blvd	<input type="checkbox"/> Change
MGR	Martinez Ramos	apt. 201 Miami, FL 33196	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		8382 SW 152nd Ave	<input type="checkbox"/> Change
MGR	Douber Sanchez	apt 17 Miami, FL 33196	<input checked="" type="checkbox"/> Add 33196 <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.)

I thank you for your time in  
reviewing my amendment  
document. The company is  
adding all listed members  
for insurance purposes.

Thank you,  
MR. Hurd.

E. Effective date, if other than the date of filing: July 6<sup>th</sup> 2021 (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 07/06, 2021.



Signature of a member or authorized representative of a member

David Brun Hurd

Typed or printed name of signee

7-6-2021