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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083

Phone : (407)932-0040 Fax Number : (407)520-5473

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

Email	Address:			

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SEP 2 2 2021

S. PRATHER

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COVER LETTER

	Registration Sec Division of Corp					
eim rec	LUXURY K	CING LLC				
SUBJEC	A:	Name of Lim	ited Liability Company			
The enci-	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please re	tum all correspo	ndence concerning this matter	to the following:			
		ANDRES J. URDANETA	VILLALOBOS			
			Name of Person			
		LUXURY KING LLC	,			
			Firm/Company			
		2564 AMATI DR				
			Address			
		ORLANDO, FL 34741				
			City/State and Zip Code			
		andresurdaneta44@gmail.co				
		E-mail address: (to be used for future annual report no	tification)		
For furth	ner information o	oncerning this matter, please c	all:			
ANDRE	S J. URDANET	A VILLALOBOS	407 227-1415 at ()	•		
	Name o	f Person		ne Telephone Number		
Enclosed	i is a check for th	ne following amount:				
曾 \$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 Addres Registration S		Street Address: Registration S	ection		
Division of Corporations			Division of Co	Division of Corporations		
	P.O. Box 632		The Centre of			
	Tallahassee, l	FL 32314	2415 N. Monre	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	O1	ಕ್ಷಾ <u>.</u>
		<u>, , , , , , , , , , , , , , , , , , , </u>
LUXURY KING LLC		. (+) (-)
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
V • • • • • • • • • • • • • • • • • • •		
he Articles of Organization for this Limited Liability Co	ompany were filed on 06/22/2021	and assigned
lorida document number L21000289110	≓	
his amendment is submitted to amend the following:		
······································		
A. If amending name, enter the new name of the limi	ted liability company here:	
he new name must be distinguishable and contain the words "Limi	ted I ishiity Company " the designation "I I C" or	the abbreviation "[[C"
the new flattic thost of distribusing the and contain the words. Phili	the traditive company, the designation lies of	the acottolation L.L.C.
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDR</u>	ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered	office address on our records, enter the	name of the new registe
gent and/or the new registered office address here:	<u></u>	
Name of New Registered Agent:		
Thirtie of Non-Adelioted Figure.		
New Registered Office Address:	P. Flatenall	
	Enter Florida street address	
	, Floria	
	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 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>	Address	Type of Action
AMBR	Crisola Villalobos Carrasquero	2564 AMATI DR	
	,	KISSIMMEE, FL 34741	□Remove
			□ Change
			□Add
			□Change
			□Add
			□Change
			□Add
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			□Add
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			☐ Change
			□Add
			□ Remove
			□ Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	effective date, if other than the date of filing:(optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan Eg. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ument's effective date on the Department of State's records. cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d	-
-		-
		-
<u>Note:</u> If documen		red as
record s d is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft i.	er the
Dated	09/21 2021	
	/ \\ \	
	Signature of a member or authorized representative of a member	: '
		i'

Filing Fee: \$25.00