## 121000294728

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone #	<del>)</del>
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name	)
(Do	ocument Number)	
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A. BUTLER FEB - 9 2022

## **COVER LETTER**

Registration Section

TO:

Division of Corpo	rations		
SUBJECT: LUXUN	LiftStyle W	MOLHOUS LLC and Linbility Company	
	nendment and fee(s) are subm		
Please return all correspond	ence concerning this matter to	o the following:	
	Isaak 25	Name of Person  Style Connections  Firm Company	
	Luxuny Life	Syle Connections	; LLL
	7904 NW 83	3rd St Tam	
	Tamarac FL	333Z) City/State and Zip Code	<del></del>
	Back Plusin	City/State and Zip Code  [Tite Tyle one Utrons]  b be used to fluture annual report notif	Com
For further information co-	neerning this matter, please ca	ill:	
SaakName of	Person	at ( <u>305</u> ) <u>206</u> Daylimo	: Telephone Number
Enclosed is a check for the			
	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassec, FL	porations Fallahassec e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		222. C	
Loxy Lifest le Connaid (A Florida Limited Limi	C(T)OS w as It now appea lability Company)	rs on our records.)	E
The Articles of Organization for this Limited Liability Company of Florida document number <u>L2100 Z94728</u> .		10-10-10-7	L and assigned
This amendment is submitted to amend the following.			
A. If amending name, enter the new name of the limited liabi	lity company h	ere:	
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	ty Company," the	designation "LLC" or the abbr St. Flagley Stree 1, FL 331.30	eviation "L.L.C."  † -suite 900
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	66 We Miami	st Flagler street, FL 33130	21 - Suite 9w
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our	records, enter the name	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter F	lorida sireet 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			⊡Add
			□Remove
			Change
			□Add
			□Remove
			⊡Change
			☐Remove
			Change
			⊡Add
			□Remove
			Change
			□A5d
			□Remove
			Change
			bb∧⊡
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Actions - vehicle for hive Luxury Transportation
Tolding - vehicle for hive Luxuy Transportation/ Limo Service (Back Car Service to the business
LIMO SAVINE (BOICK CON SO VICE TO THE
operations.
Admending office locations address.
E. Effective date, if other than the date of filing:  (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 January 18 2022.
Signature of a member or authorized representative of a member
Scale Zubaya

Filing Fee: \$25.00