LZ1000324330

(Requestor's Name)	
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(Document Number)		
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A. BUTLER FEB 14 2022

COVER LETTER

	tration Section ion of Corporations
SUBJECT: _	LUXUCIANT LIVING LLC Name of Limited Liability Company
The enclosed A	Articles of Amendment and fee(s) are submitted for filing.
Please return a	Il correspondence concerning this matter to the following:
	LOCCAL JCOKIOS Name of Person
	Firm/Company
	USOI Arlington Expy Stc B105
	Jacksonville, FL 32211 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further info	ormation concerning this matter, please call:
Lorta	Name of Person at (803) 724 · 0397 Area Code Daytime Telephone Number
Enclosed is a c	heck for the following amount:
□ \$25.00 Fil	ing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

LUXUCIANT LIVING (Name of the Limited Liability Comps.	any is it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21000324330}{L}$.	$_{+}F$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab Nurture Net Consul The new name must be distinguishable and contain the words "Limited Liabi	ting LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4501 Arlington Expy Stc 13109 Jackson ville, FL 32211
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
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			□ Change

Effective date, if other than the date of filing: (aptional) 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 (Mote: 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. The effective date is a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed. Dated January 24th 2022 Signature of a nucleier or authorized representative of a member LOCCAL JENKINS	-			<u></u>		
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Signature of a member or authorized representative of a member	•	(D)	<u> </u>			
		Signature	e of a member or authorize	ed representative of a member		

Typed or printed name of signee