

# L21000343469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

?  
304

Office Use Only



200381833392

02/22/22--01043--005 \*\*60.00

FILED

2022 MAR 21 PM 3:10

CLERK OF SUPERIOR COURT

*Amend*

MAY -2 2022

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LUXX MIAMI 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:

Jacob Alcock

Name of Person

Firm/Company

1100 Brickell Bay Drive, Apt 39H

Address

Miami, FL 33131

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at ( )

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)

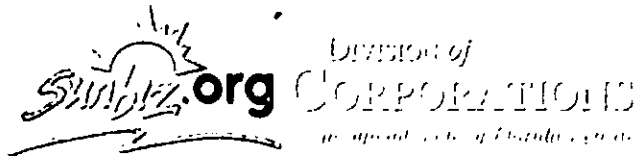
**Mailing Address:**

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

FILED  
2022 MAR 21 PM 3:10  
STATE OF FLORIDA  
TALLAHASSEE



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Document Number](#) /

## Detail by Document Number

Florida Limited Liability Company

LUXX MIAMI LLC

### Filing Information

Document Number L21000343469

FEI/EIN Number 87-2878901

Date Filed 07/29/2021

Effective Date 07/29/2021

State FL

Status ACTIVE

### Principal Address

1100 BRICKELL BAY DR

APT 39H

MIAMI, FL 33131

### Mailing Address

1100 BRICKELL BAY DR

APT 39H

MIAMI, FL 33131

### Registered Agent Name & Address

HALIM, CLINT K

1100 BRICKELL BAY DR

APT 39H

MIAMI, FL 33131

### Authorized Person(s) Detail

#### **Name & Address**

Title AMBR

ALCOCK, JACOB B

1100 BRICKELL BAY DR APT 39H

MIAMI, FL 33131

### Annual Reports

No Annual Reports Filed

### Document Images

yes

Is it this one?



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 MAR 21 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FL

March 1, 2022

JACOB ALCOCK  
1100 BRICKELL BAY DRIVE, APT 39H  
MIAMI, FL 33131

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

We received the attached document but do not know which entity it is for. Please complete the entire application and return the filing to our office.

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.

Diane Cushing  
Senior Section Administrator

Letter Number: 622A00005032

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

LUXX MIAMI LLC

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

FILED  
2022 MAR 21 PM 3:10  
SECRETARY OF STATE  
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/29/2021 and assigned  
Florida document number L21000343469.

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) \_\_\_\_\_

**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: \_\_\_\_\_

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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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.

Dated 2/1/2022

Joseph Abou-El  
Signature of a member or authorized representative of a member

**Jacob Alcock**

Jacob Alcock  
Typed or printed name of signee

**Filing Fee: \$25.00**