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COVER LETTER

	istration Sec sion of Corp				
SUBJECT:	Where to go	with Luxury Lucy, LLC			•
oobter.		Name of Lim	ited Liability Company		·
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing		
		dence concerning this matter	_		
		Lucy K Landry			
			Name of Person	•	
		Where to go with Luxury I	Lucy, LLC		
			Firm/Company		
		6981 Curtis Ave. Suite 4			
			Address		
		Sarasota, FL 34231			
		<u> </u>	City/State and Zip Code	· <u></u> -	
		UCYSUN de l'E-mail address:	3 Q Q Mari Co to be used to future annual	eport notification)	· -
For further in	formation co	ncerning this matter, please ca		, ,	
Lucy K Land	lry			9-9520	
	Name of	Person	at () Area Code	Daytime Teleph	one Number
Enclosed is a	check for the	following amount:			
≝ \$25.00 Fi	iling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Address: istration Se		Street Ad		
	ision of Co		-	ition Section of Corporation	ons
P.O	. Box 6327		The Cer	itre of Tallaha	ssee
I all	ahassee, Fl	_ 32314	2415 N.	Monroe Stree	t, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Limited Limited	Company	
(A Florida L	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number L21000352355284	mpany were filed on 8-6-2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Where to go with Luxury Lucy, LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6981 Curtis Ave. Suite 4	
(Principal office address MUST BE A STREET ADDRE	Sarasota, FL 34231	
Enter new mailing address, if applicable:	N/A	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent: AMBR	office address on our records, enter the nar	ne of the new registe
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Ayent:	

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>	Name	Address	Type of Action
AMBR	Lucy K Landry	6981 Curtis Ave. Suite 4,Sarasota. FL 34231	= Add
		·	□ Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			🗀 Add
			Remove
			□Change
			□Add
			□ Remove
			□Remove
			Change
			□ Add
			□Remove
			□ Change

Need Name corrected and AMBR as	s Authorized Member	
	· · · · · · · · · · · · · · · · · · ·	
		
ctive date, if other than the date of	of filing:	(optional) ng or more than 90 days after filing.) Pursuant to 605.02
If the date inserted in this block document's effective date on the Department.	es not meet the applicable statuto	ry filing requirements, this date will not be listed
ord specifies a delayed effective date, filed.	but not an effective time, at 12:0	l a.m. on the earlier of: (b) The 90th day after the
October 14th	2021	
	1/ 5 0	

Typed or printed name of signee