Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

*Enter	the	email	address	for	this	busin	ess	entity	to	be	used	for	future
-an	nual	repor	t mailin	gs.	Enter	only	one	email	add	res	s ple	ase.	* *

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNICUM LUXURIA LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BI NO		
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UNICUM LUXURIA LLC				
(Name of the Limited Liability Comp. (A Florida Limited	uny as it now appears on Liability Company)	<u>bur records.</u>)		
The Articles of Organization for this Limited Liability Company	were filed on $\frac{08/25/2}{}$	021 and assigned		
Florida document number L21000381671				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited list	oility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the design	ation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	20803 Biscayne Blvd. Suite 405			
(Principal office address MUST BE A STREET ADDRESS)	Aventura, FL 33180			
Enter new mailing address, if applicable:	20803 Biscayne Blv	d. Suite 405		
(Mailing address MAY BE A POST OFFICE BOX)	Aventura, FL 33180			
B. If amending the registered agent and/or registered office	address on our recor	ds, enter the name of the new regist		
Sulfact Cornu	rate Services Inc.			
Name of New Registered Agent: Salford Corpo				
Name of New Registered Agent: Salford Corpo	rate Services Inc. ne Blvd. Suite 405 Enter Florida s	trect address		
Name of New Registered Agent:	ne Blvd. Suite 405 Enter Florida s	trect address , Florida 33480		

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.

Joseph Panholzer. Attorney-in-Fact 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
MGR	Dor Geller		□Add
			■ Remove
			□Change
MGR	Arie Geller	20803 Biscayne Blvd. Suite 405	∭Add
		Aventura, Fl. 33180	Remove
			Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			□Add
			□Remove

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fective date, if other than the (late of filing:	(optional)
n effective date is listed, the date must	be specific and cannot be prior to date of filing or more than ik does not meet the applicable statutory filing requ	n 90 days after filing.) Pursuant to 605.0207
cument's effective date on the De	partment of State's records.	
		the control of the desidence
ecord specifies a delayed effective is filed.	date, but not an effective time, at 12:01 a.m. on the	eartier of: (b) The 90th day after the
November 19	2021	
	per	
	Signature of a member or authorized representative of a m	
	signature of a meinner of authorized representative of a in	ember

Filing Fee: \$25.00