## L21000416130

(Re	questor's Name)	
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10/20/21

## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
Lissie Mora SUBJECT:	al Lux Services LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter			
	_	-		
	Lissette Morales			
		Name of Person		202 SE
	<u> </u>	Firm/Company		2021 OCT 12 PM 2: 07 SECRETARY OF STATE TALLAHASSEE, FL
	167 Seneca Lane			12 P
		Address		SEE O
	Davenport, FL 33987			2: 07 TATE
	LuxxEscapes@gmail.com	City/State and Zip Code		, ,
	E-mail address: (0	to be used for future annual report notil	ication)	
For further information c	oncerning this matter, please co	all:		
Conroy McIntosh		407 404-0725		
Name o	f Person	at () Area Code Daytimo	e Telephone Number	
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
Malling Address		CAA Addis		
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	ction	
Division of C	orporations	Division of Cor	porations	
P.O. Box 632		The Centre of T	allahassee	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lissie Moral Lux Services LLC				
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records Jability Company)	.)		
The Articles of Organization for this Limited Liability Company were filed on $\frac{9/21/2021}{\text{Elorida document number}}$		and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
Luxurious Escapes LLC				
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		5 E C		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, <u>enter t</u>	A HASSEEL FILE  he name of the new registers		
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 agre provisions of all statutes relative to the proper and complete, accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and provided for in Chapter 605, F	d Lam familiar with and '.S. Or, if this document is		

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>	<u>Address</u>	Type of Action
MGR	Conroy McIntosh	109 Prairie Dune Way	■Add
		Orlando, FL 32828	□Remove
			Change
	<del></del>		□Add
			SECRETARY TALLAHA
			SSE CENTRAL SECTION OF THE SECTION O
			☐ ☐ ☐ ☐ Change
			□ Add
		MATERIA (***)	□Remove
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Tective date, if other than the da an effective date is listed, the date must be	specific and cannot be	prior to date of:	filing or more tha	(optioi in 90 days after fi	i <b>ai)</b> ling.) Pursuan Lee:11	it to 605.0	0207
ote: If the date inserted in this block ocument's effective date on the Depa			tory ming redu	mements, ans c	rate will not	UC HSter	u as i
record specifies a delayed effective de is filed.	ate, but not an effecti	ve time, at 12	:01 a.m. on the	earlier of: (b)	The 90th d	ay after	the
October I	2021	·					
	Linel	te me	)				
	nature of a member or	authorized rose	and the second second	wmber		_	

Filing Fee: \$25.00