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TO:

COVER LETTER

(((H22000329539 3)))

2.			
	NEW ONI	E LUXURY LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
Disision of Corporations NEW ONE LUXIBRY LLC			
		Firm/Company	
	17350 STATE HWY 249.		
		Address	
	HOUSTON, TX 77064		
		City/State and Zip Code	
			titionian)
For further information			(III. (81171)
LOVETTE DOBSON	:		
Nan	ne of Person	Area Code Daytii	me Telephone Number
Enclosed is a check fe	or the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
			ection
_		Division of Co	orporations
P.O. Box 6	5327	The Centre of	Tallahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H22000329539 3)))

NEW ONE LU	XURY LLC	
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records Liability Company)	.)
The Articles of Organization for this Limited Liability Company Florida document number 1.21000416922	were filed on (99/21/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1150 Nw 72nd Ave Tower I Sto	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33126	
		202 17
Enter new mailing address, if applicable:	1150 Nw 72nd Ave Tower I Sto	SEP 2
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33126	55.5 6
B. If amending the registered agent and/or registered office	address on our records, enter	the name of the new registere
agent and/or the new registered office address here:		0
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	orida
New Registered Agent's Signature, if changing Registered Agent:	•	·
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I fur performance of my duties, an provided for in Chapter 605, 1	d I am familiar with and F.S. Or, if this document is
If Cha	nwing Registered Agent, Signature o	New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H22000329539 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Nimrode Philippe	1150 Nw 72nd Ave Tower 1 Stc 455 #7657	
		Miami, FL 33126	□Remove
			□Add
			□Remove
			□Change
			🗆 🗆 Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			©Remove
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Effective date, if other than the data must be date in the date must be a listed. If the date inserted in this block document's effective date on the Dep	k does not meet the applica	o date of filing or more than ble statutory filing requir	(optional) 00 days after filing.) Pursuant to 60 ements, this date will not be lis	5 0207 (ted as t
e record specifies a delayed effective rd is filed.	date, but not an effective tir	ne, at 12:01 a.m. on the e	irlier of: (b) The 90th day after	er the
Dated September, 22nd	2022	_ ·		
·	Vincode ignature of a member or autho	Philippe rized represcribilities of a mer	nber	
	Nimrode			
		d name of signee		

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