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(Requestor's Name)  (Address)  (City/State/Zip/Phone #)  (PICK-UP WAIT (Business Entity Name)  (Document Number)  Certified Copies Certificates of Statu  Special Instructions to Filing Officer:	MAIL	
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Office Use Only



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CT 7/23/2022

## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:		LUXEKMETLZ LLC				
	Name of Lim	ited Liability Company	<del></del>			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
		DOWLING, KEESHA				
		Name of Person				
		Firm/Company	<del></del>			
		4510 70TH ST WESTAPT 5	7			
	13.0	Address ADENTON, FL 34210				
		City/State and Zip Code				
		FlawluxeKMeltz@yahoo.com				
		to be used for future annual report	notification)			
For further information c	concerning this matter, please c	all:				
К	eesha Dowling	941 at ( )	264-6502			
Name o	f Person	at () Area Code Dag	vtime Telephone Number			
Enclosed is a check for the	he 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)			
<u>Mailing Addres</u> Registration		Street Address Registration				
Division of C	Corporations	Division of Corporations				
P.O. Box 632	! <i>[</i>	The Centre of	of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLAWLUXEKMETLZ LLC

2022 MAY 20 AM 8: 28

(Name of the Limite	d Liability Company as it now appears on A Florida Limited Liability Company)	our records.)	1.1.	szź.FL
The Articles of Organization for this Limited Lia Florida document numberL21000442488	ability Company were filed on	10/11/2021	and ass	igned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability company here:			
FLAWI	LUXEKMELTZ LLC			
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the design	nation "LLC" or the	abbreviation "L.	L.C."
Enter new principal offices address, if applica (Principal office address MUST BE A STREET)				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE E				
B. If amending the registered agent and/or reagent and/or the new registered office address		rds, <u>enter the n</u>	ame of the nev	v registered
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida :	street address		<del></del>
		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

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
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ecord speci is filed.	ifies a delayed effe	ctive date, but	not an effe	ctive time, a	it 12:01 a.m.	on the earlier	of: (b) The	290th day afte	r the
ted	05/05		2022						
	/ Xeeslo	e rak	$/\!\!/$						
		Signature	of a member	or authorized	representative	of a member			