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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: LUXUVY Litest	yled UC
Name of I	imited Liability Company
The enclosed Articles of Amendment and fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this matt	er to the following:
A . 1	
Hannah	Kate Salgado Name of Person
Luxuny L	Firm Company
808 N. Fra	nklin St Unit 1002
Tampa	FL 33602 City/State and Zip Code
1	
Mannan k E-mail address	(to be used for future annual report notification)
For further information concerning this matter, please	di di
Hannah K. Salgado Name of Person	at (813) 701 -8 45 E Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$\sum_{\text{S25.00 Filing Fee}} \Boxed{\to S30.00 Filing Fee & Certificate of Status}	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (adational copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1. 12.11.c. 1 ife styled 110

Name of the Limited Liability Come		
(Name of the Limited Liability Comp (A Florida Limited	Liability Company)	1 our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000461121</u> .	v were filed on <u>10</u>	-22-2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial Hannah Kate The new name must be distinguishable and contain the words "Limited Liabi	LLC	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		andside Dr FL 33594
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	808 N Tampa	Franklin St FL 33602
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, <u>enter the name of the new registerec</u>
Name of New Registered Agent:		
New Registered Office Address:		:
	Enter Florida si	treet address
		Florida ;
	City	
Non-Double and Architecture 1991 and 1994 architecture		

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 amending Authorized Person(s) authorized to managementer 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>	Filing Fee: \$25.00 Address	Type of Action
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			□Remove
			Change
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ctive date, if other than the date of filing	:	(optiona	J)
effective date is listed, the date must be specific and 1. If the date inserted in this block does not m	icet the applicable statutory fil	more than 90 days after fill ing requirements, this da	1g.) Pursuant to 605.02 te will not be listed
ment's effective date on the Department of S	tate's records.		
ord specifies a delayed effective date, but not filed.	an effective time, at 12:01 a.n	o, on the earlier of: (b)	The 90th day after th
25/21/22/24			
105/01/2024			