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A. BUTLER JAN 23 2022

COVER LETTER

TO: Registration Section
Division of Corporations

LUXE CRE	ATIVE DESIGNS BY RAQU	EL LLC	
50 b 3EC1.	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Raquel Grant-Ranglin		
		Name of Person	
		are submitted for filing. s matter to the following: glin Name of Person Firm/Company Ct Address 463 City/State and Zip Code byraquel@gmail.com address: (to be used for future annual report notification) please call: at (
	5516 Monte Fino Ct		
		Address	
	Greenacres, FL 33463		
	Lucarrantina dagian churagua	·	
		-	iification)
For further information c	oncerning this matter, please ca	all:	
Raquel Grant-Ranglin		at (
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Registration Section of Co The Centre of	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Luxe Creative Designs by Raquel LLC		initial in the second
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on ou Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company Florida document number	11/4/04	i i
This amendment is submitted to amend the following:		
•	181.	
A. If amending name, enter the new name of the limited liab	unty company nere:	
All Things Luxe Design LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5516 Monte Fino Ct	
(Principal office address MUST BE A STREET ADDRESS)	Greenacres, FL 33463	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5516 Monte Fino Ct Greenacres, FL 33463	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, <u>enter the name of the new registerec</u>
Name of New Registered Agent:		
New Registered Office Address:	<u></u>	
	Enter Florida stre	eet address
		, 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
.			☐Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
		<u> </u>	□ Add
			Remove
			Change
			□Add
			🗀 Remove
			Change
		<u> </u>	
			□Remove
			□Change

				
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ffective date, if other than the da	te of filing:		(optional)	
an effective date is listed, the date must be lote: If the date inserted in this block	specific and cannot be prior	to date of filing or more that able statutory filing requ	n 90 days after filing.) Pursuant	to 605.0207 e listed as
ocument's effective date on the Depa			•	
	ate, but not an effective ti	ime, at 12:01 a.m. on the	earlier of: (b) The 90th day	v after the
record specifies a delayed effective da l is filed.				
l is filed.	2022	·		
l is filed.	. 2022	·		
l is filed. Pated	2022 gnature of a member or auth	orized representative of a m	iem b er	

Filing Fee: \$25.00