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SECRETARY OF

COVER LETTER

TO:

Registration Section

Di vision of Cor	porations			
Lavish Lux	By Ari L.J. C.			
SUBJECT:	Name of Lin	ited Fiability Company		
The enclosed Articles of	Amendment and feets) are sub-	omitted for tiling		
Please return all correspo	ondence concerning this matter	to the following:		
	Fabrizio Lengua			
		Name of Person		
	ZenBusiness INC.			
	·	Firm Company		
	5511 Parkerest Dr. Suite 1	03		
	·-· ·· —·· ··	Address		
	Austin, 1X 78734			
	fulfillment# zenbusmess.co	City State and Zip Code		
		to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all.		
Fabrizio Lengua		512 237 7349		
Name o	f Person	at ()	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
₽ \$25,00 Filing I ec	Certificate of Status	all \$55,00 I iling Fee & Certified Copy additional copy is enclosed)	72 \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy (cenclosed)	
Mailina Addres		Straat Vldense		
<u>Mailing Address:</u> Registration Section			<u>Street Address:</u> Registration Section	
Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monre	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION FILED TO **OF** 2022 MAR 16 PM 12: 52

Lavish Lux By Ara L.J. C.

SECRETARY OF STATE
(Name of the Limited Liability Company as it now appears on our Richard ANSSEE, FL
(A Florida Umited Unability Company)

and assigned
LC" or the abbreviation "L.I.,C."
er the name of the new registered
fress
Florida
Zip Code
further agree to comply with the and I am familiar with and 5, F.S. Or, if this document is that the limited liability

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Ariana Dean	1479 Sunshadow Drive Apt 111	□Add
		Cassetberry . F1 . 32707	■Remove
			□Remove
			Change
			□Remove
			□Change
			□Add
			ZRemove
			□Change
			□Add
			□Remove
			TChange
			□Add
			□Remove

Page 2 of 3

D. If amending any other info	mation, enter change(s) here	n (Attach additional sheets, if necessar	ώn. T
			
-			
			
Note: If the date inserted in th	must be specific and cannot be prior	(optional to date of filing or more than 90 days after filing able statutory filing requirements, this dat	g.) Pursuunt to 605,0207 (3)(l
If the record specifies a dela (b) The 90th day after the		t an effective time, at 12:01 a.m.	on the earlier of:
Dated	2022		
		eona Bryant	
	Signature of a member or author	orized representative of a member	
Shar'Breona Bryant			
	Lyped or printe	ed name of signee	

Page 3 of 3

Filing Fee: \$25.00