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PICK-UP WAIT MAIL
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SECRETARY OF STATE
TALL AND CORE

A. BUTLER
MAR 2 2 2022

COVER LETTER

TO:	Registration Se Division of Cor		•	
SUBJE	CT: EDWIN-LU	JX PALM BEACH FURNITU	RE REFINISHING LLC	
	·	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
			_	
Please	return all correspo	ndence concerning this matter	to the following:	
		SANDRA L MONCADA		
			Name of Person	
		LAS AMERICAS MULTI		
			Firm/Company	
		450 S. OLD DIXIE HWY.		
			Address	
		JUPITER, FL 33458		
			City/State and Zip Code	
		AMERICATAX0109@HO	TMAIL COM	
		E-mail address: (to be used for future annual report noti	fication)
F 6			-11.	
For fur	iner information c	oncerning this matter, please co	aii:	
SAND	RA L MONCADA		at (<u>561</u>) <u>743-1023</u>	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for the	ne following amount:		
■ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	ž.	Certificate of Status	Certified Copy	Certificate of Status &
			(additional copy is enclosed)	Certified Copy
				(additional copy is enclosed)
	Mailing Addres	S '	Street Address:	
	Registration S	 /	Registration Se	ction
	Division of C		Division of Cor	
	P.O. Box 632		The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

EDWIN LUX PALM BEACH FURNITURE REFINISHING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SECRETARY OF STATE
TALLAHASSEE and assigned The Articles of Organization for this Limited Liability Company were filed on 12/20/2021

Florida document number L21000534416 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PALM BEACH FURNITURE REFINISHING LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address ____, Florida __

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.

City

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

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