## Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: I20090000081 Phone : (307)200-2803 : (855)330-1010 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **LUXURYION LLC**

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Certificate of Status 0 Certified Copy 04 Page Count \$25.00 Estimated Charge

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Luxuryion LLC			
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)	-	
The Articles of Organization for this Limited Liability Companification for the Limited Liability Companification of Companification of Companification of Companification (Companification) of Companification of Companifica	y were filed on <u>01/14/2022</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or th	e abbreviation "L.L.C."	-
Enter new principal offices address, if applicable:		202	_
(Principal office address MUST BE A STREET ADDRESS)			- <u>}</u>
		8 2	ت بر
		Zar Leb	52
Enter new mailing address, if applicable:		m) <u>*</u>	- C
(Mailing address MAY BE A POST OFFICE BOX)		<del>_ ~~~</del> ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-
	4	τ	<b>-</b>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the n</u>	ame of the new registe	ered
Name of New Registered Agent:			-
New Registered Office Address:			-
	Enter Florida street address		
	, Florida	Zip Code	-
	City	wy. · ·····	

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 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>	<u>Name</u>	Address	Type of Action
AMBR	TANYA LOVETT	7901 4TH ST N STE 300	🗀 Add
		ST. PETERSBURG, FL 33702	ПRетоve
			<b>K</b> Change
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Note:	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
the recordis fi	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	2022
	Signature of a member or authorized representative of a member
	Morgan Noble

Filing Fee: \$25.00