## L22000040620

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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

ro: Registration Sec Division of Corp			,
SUBJECT: LUX	COC DEM Name of Limited	Liability Company	
The enclosed Articles of /	Amendment and fee(s) are submit	ated for filing.	
Please return all correspon	ndence concerning this matter to	the following:	
	Dujana Ma	Name of Person	
		Firm/Company	
	5345 GDIF	- Forcet Ct	2022 NOV 30
	Jaarsnville	City/State and Zip Code	30 PH 1
	LUXCOrrental E-mail address: (to	5 LLC of DUHWK Coc used for future annual report notifica	<u> </u>
For further information co	oncerning this matter, please call:		•••
Quiona Name of	ICLOO Person	at Area Code Daytime To	elephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Luxe Cox la	1915	LIC		<u> </u>	
(Name of the Limited) (A	Florida Limited L	y as it now appears ( lability Company)	on our records.)	. 20	
The Articles of Organization for this Limited Liabi		were filed on D	1211202	and assigned	
Florida document number Ladimon400	2 <b>0x</b> 2		<i>'</i>	30	
This amendment is submitted to amend the following	ing:			(1) · · · · · · · · · · · · · · · · · · ·	
A. If amending name, enter the new name of th	<u>e limited liabi</u>	lity company hero	<b>:</b>		
Does not apply WH	7			1:1	
The new name must be distinguishable and contain the word	s "Limited Liabili	ty Company," the desi	gnation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicabl	le:	5345 C	10H Fore	\$ C+	<del></del>
(Principal office address MUST BE A STREET	ADDRESS)	JOCKSIDNI	11C, FL-30	ldits	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u>xo</u> (	5345 A Sackson	of Fores	St Ct	
B. If amending the registered agent and/or registered office address h		ddress on our rec	ords, <u>enter the na</u>	me of the new regi	stered
Name of New Registered Agent:	Diver	MCLEG	MU-C	Priam M	lar
New Registered Office Address:	10045	FOR FURE	a street address		<del></del>
<u>\</u>	JOCKSY	uille Civ	, Florida (	2007 Žip 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, 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>	Address	Type of Action
MGR	Oiler Mclean	5345 Golf Fortst Ct	Add
		Javanille FL 30008	Remove
			□Change
LGK	Ricardo Cutham	1920 Werill Rayou 301	
		Jackson III FL 3007	Remove
			□ Change
		<u> </u>	Add Remove.
			- DRemove:
			-o
		<u>e.</u>	in Diλdd
			□Remove
			[] Change
			□Add
			□Remove
			[] Change
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			□Remove
			Changa

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Kegistered agan Duiana Oblice name has	
Changed to Quiana McLean due to	
<u> </u>	
marriage of Copy Dt my marriage certificate	/
10 allocred.	
70721 	n
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	Dag.
$-\frac{1}{2}$	
E. Effective date, if other than the date of filing: (If an effective 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.	17 (3)m̂ is tìx±
If the record 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 record is filed.	<b>:</b>
Dated Milkenton 28, Joseph.	
Signature of a member or authorized representative of a member	
Typed or printed name of signee	

1 . . .