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DIVISION OF CONFORMIONS

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COVER LETTER

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| eud le <i>c</i> a | DAILEY L | UXURY LLC | | |
| SUBJECT | · | Name of Lim | ited Liabi ity Company | |
| The enclos | ed Articles of | Amendment and fec(s) are sub | mitted for filing. | |
| Please retu | ım all correspo | ndence concerning this matter | to the following: | |
| | Registration Section Division of Corporations EAGLEY LUXURY LLC ECT: Name of Limited Liability Company Active Section Name of Limited Liability Company Name of Person Firm Company 6150 SW 15 TH ST Address MIAMI, FL 33144 City/State and Zip Code KBD305@GMAIL.COM E-mail address: (to be used for future annual report notification) rther information concerning this matter, please call: MBREL DAILEY Name of Person 786 597-7692 Name of Person Area Code Daytine Telephone Number seed is a check for the following amount: 25.00 Filing Fee Certificate of Status Certificat Copy (sakditional copy is enclosed) (additional copy is enclosed) | | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | | | |
| | | | Address | |
| | | MIAMI, FL 33144 | | |
| | | - | | |
| For further | information co | | · | tication) |
| кнамвр | EL DAILEY | | 786 597-7692 | |
| | Name of | f Person | A rea Code Dayting | e Telephone Number |
| Enclosed i | s a check for th | ne following amount: | | |
| ≅ \$25.00 |) Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| | | | | |

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. TARRY OF STATE OF ORGANIZATION OF CORPORATIONS OF

22 APR 29 AM 8: 38

| DAILEY LUXURY LLC | |
|---|---|
| (Name of the Limited Liability Company as it now appears on our records.) | _ |

| (A Floride Lit | mited Liability Company) | |
|---|---|---------------------------------------|
| The Articles of Organization for this Limited Liability Con- Florida document number L22000043888 | ppany were filed on 01/24/2022 | and assigned |
| This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered | | |
| A. If amending name, enter the new name of the limited | d liability company here: | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" o | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Frincipal office address MUST BE A STREET ADDRES | 35) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | · · · · · · · · · · · · · · · · · · · |
| | | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | fiice address on our records, <u>enter th</u> | e name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flori | |
| | 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 olligations 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> | Name | Address | Type of Action |
|--------------|-----------------|-----------------|----------------|
| MGR | KHAMBREL DAILEY | 6150 SW 15TH ST | ■Add |
| | | MIAMI, FL 33144 | _ |
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| fective date, if other than the our effective date is listed, the date must ote: If the date inserted in this blockerment's effective date on the Department's | be specific and cannot be ck does not meet the a | e prior to date of filir applicable statutor | ng or more than 90 days | optional) after filing.) Pursuant to 6 5, this date will not be l | 605.0207 isted as |
| ecord specifies a delayed effective is filed. | date, but not an effec | tive time, at 12:01 | a.m. on the earlier of | of: (b) The 90th day as | fter the |
| APRIL 26th | 16:22 | · | | | |
| | Klm. h. | as Da | '\8 H - | | |
| | Klynn br | r authorized represe | ntative of a member | | |

Filing Fee: \$25.00