

L220000046279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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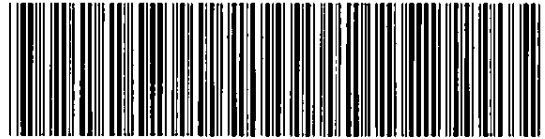
(Business Entity Name)

(Document Number)

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CLERK OF THE STATE
OF FLORIDA
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THELUXURYPYPTO LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEAN DAVID GANEM

Name of Person

MAGEN CPA PA

Firm/Company

4000 HOLLYWOOD BLVD STE 285-S

Address

HOLLYWOOD, FL 33021

City/State and Zip Code

JD@GANEM.CPA

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEAN DAVID GANEM

954

929-4475

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
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**

THELUXURCRYPTO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/26/2022 and assigned
Florida document number L22000046279.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JM3 US 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)

4775 COLLINS AVE

UNIT 1206

MIAMI BEACH, FL 33140

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4775 COLLINS AVE

UNIT 2004

MIAMI BEACH, FL 33140

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2023 SEP - 6 AM 9:11
STATE OF FLORIDA
CLERK OF THE COURT

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:

MAGEN CPA PA

New Registered Office Address:

4000 HOLLYWOOD BLVD STE 285-S

Enter Florida street address

HOLLYWOOD

City

, Florida 33021

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	PIERRE BENHAIM	4775 COLLINS AVE	<input checked="" type="checkbox"/> Add
		UNIT 2004	<input type="checkbox"/> Remove
		MIAMI BEACH, FL 33140	<input type="checkbox"/> Change
AMBR	AUDREY BENHAIM	4775 COLLINS AVE	<input type="checkbox"/> Add
		UNIT 2004	<input type="checkbox"/> Remove
		MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Change
MGR	JEREMY BENHAIM		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 31, 2023.

PIERRE BENHAIM
Typed or printed name of signee