

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet**L22000106101**

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**To:**

Division of Corporations  
Fax Number : (850) 617-6383

**From:**

Account Name : ITAX GROUP, LLC  
Account Number : 120140000115  
Phone : (813) 882-8426  
Fax Number : (813) 884-8263

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

Email Address: YORDANIA 21@gmail.com
**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LUXE FRAGANCES 352 LLC**

Certificate of Status	0
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2022 JUN 24 AM 11:34

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Corporate Filing Menu

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JUN 27 2022

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## COVER LETTER

TO: Registration Section  
Division of Corporations

LUXE FRAGANCES 352 LLC

SUBJECT: \_\_\_\_\_  
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:

YORDANKA CRUZ

\_\_\_\_\_  
Name of Person

LUXE FRAGANCES 352 LLC

\_\_\_\_\_  
Firm/Company

7314 MILLSTONE St

\_\_\_\_\_  
Address

SPRING HILL / FL / 34606

\_\_\_\_\_  
City State and Zip Code

YORDANKA21@GMAIL.COM

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

For further information concerning this matter, please call:

YORDANKA CRUZ

\_\_\_\_\_  
Name of Person

352 397 50 99

at (\_\_\_\_\_  
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**

LUXE FRAGRANCES 352 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 04/07/2022 and assigned Florida document number L22000168101

This amendment is submitted to amend the following:

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

LUXE FRAGRANCES 352 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 \_\_\_\_\_

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 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 : Name

### Address

Type of Action

Add

Remove

Change

Add

Remove

Change

Add

Remove

Change

Add

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Add

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Change

Add

Remove

Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

**E. Effective date, if other than the date of filing:**

(optional)

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.

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

Dated TAMPA, 06/24

2022.

Signature of a member or authorized representative of a member

YORDANKA CRUZ

Typed or printed name of witness