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SECRETARY OF STATE

A. RIVERS MAY 3 0 2023

COVER LETTER

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cub iczr.		eriors By Carmen, LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		BJ Cottrell		
			Name of Person	
		Cottrell Tax & Accounting	g. LLC	
			Firm/Company	
		5633 Naples Blvd		
			Address	
		Naples, FL 34109		•
			City/State and Zip Code	<u></u>
		admin@cta.com		
		E-mail address: (to be used for future annual report notif	ication)
For further i	nformation c	oncerning this matter, please ca	all:	
BJ Cottrell			239 449-4881 at ()	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00 I	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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Luxury Interiors By Carmen, LLC		
(Name of the Limite	ed Liability Company as it now appears on our re (A Florida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Li Florida document number L22000186874	ability Company were filed on 04/19/2022	and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
Luxury Interior Properties, LLC		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	<u>TADDRESS)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I B. If amending the registered agent and/or the new registered of	or registered office address on our rec	SECRETARY OF PH pages of the new cords, enter RID.
Name of New Registered Agent:		·
New Registered Office Address:	Enter Florida street a	ddress
		, 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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
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Effect (If an eff	re date, if other than the date of filing:
Note: docum	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as int's effective date on the Department of State's records.
the red	ord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of 90th day after the record is filed.
Dated	March 22nd 2023
1 1:11:42:1	

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Typed or printed name of signee

Filing Fee: \$25.00