## LZZ 000223783

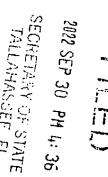
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Office Use Only



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## **COVER LETTER**

Division of Cor		40			
Lusting Lus	cury_LLC	•			
SUBJECT:			<del></del>		
	Name of Lim	ited Liability Company			
The enclosed Articles of	Name of Limited Liability Company  ed Articles of Amendment and fee(s) are submitted for filing.  rn all correspondence concerning this matter to the following:    Katelin Lyons				
Please return all correspo	ondence concerning this matter	to the following:			
	Katelin Lyons				
	<del></del> .	Name of Person			
	Lusting Luxury LLC				
		Firm/Company	<u> </u>		
	5501 Hayes Street				
		Address	· · · · · · · · · · · · · · · · · · ·		
	Hollywood, FL 33021				
	Address Hollywood, FL 33021  City/State and Zip Code KatelinLyons@gmail.com				
	E-mail address: (	to be used for future annual report no	tification)		
For further information c	oncerning this matter, please c	all:			
Katelin Lyons	·				
Name o	f Person	Area Code Daytii	ne Telephone Number		
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee		Certified Copy	Certificate of Status &		
Mailing Address Registration S		Street Address: Registration Se	ection		
Division of C	lorporations	Division of Co	prporations		
P.O. Box 632		The Centre of			
Tallahassee,	r), 52514	2415 N. Monre	oe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lusting Luxury LLC		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on May 12, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADI	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		922 S TAL
		SEP SEP
B. If amending the registered agent and/or register agent and/or the new registered office address here	•	>2
Name of New Registered Agent:		- F- ST - 66
New Registered Office Address:		- TE 6
<del>-</del>	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Katelin Lyons	5501 Hayes Street, Hollywood, FL 33021	Add
			□Remove
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			DRemove
			□Change
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ffectiv	e date, if other than the date o	ıf filing:				(optional)	
an effect	tive date is listed, the date must be spe	citic and car			more than 90 day	s after filing.) Pursu	
	the date inserted in this block doors to be the control of the date on the Department of the Department of the Department of the date of t			ole statutory iii	ng requiremen	is, this date will n	of be listed as
	specifies a delayed effective date,	but not an	effective tin	ne, at 12:01 a.m	on the earlier	of: (b) The 90th	day after the
i is filed	1.						
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ated	<u>September 3</u>	<u>ئ</u> ٠ ـــــــــــــــــــــــــــــــــــ	3037	<b>-</b> ·			
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