LZZCO2228874

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COVER LETTER

	egistration Sectivision of Corp						
SUBJECT	·	UXUF105 4	Stavs 1	LC			
SOMECI	•	1	Name of Limite	ed Liability Company			
The enclos	sed Articles of A	Amendment and fe	e(s) are subm	nitted for filing.			
Please retu	ırn all correspoi	ndence concerning	this matter to	the following:			
			<u>Jamari</u>	Name of Person			
				Firm/Company			***
		<u> </u>	Softer	-ley lane Address			
			Cksonv	City/State and Zip Code			: : : : : : : : : : : : : : : : : : : :
For furthe	r information co	E-moncerning this mat		be used for future annual re	port notification))	
<u> </u>	Name of	<u>CN</u> f Person		at (<u>404</u>) Area Code	535 - 687 Daytime Telepl	hone Number	_
Enclosed	is a check for th	ne following amoun	nt:				
Ø \$25.0	0 Filing Fee	S30.00 Filin Certificate		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Certificate of Certified Cop (additional copy	f Status & by
F I F	Mailing Addres Registration S Division of C P.O. Box 632 Fallahassee, I	Section orporations 7		Division The Cen	tion Section of Corporati tre of Tallah		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co Florida document number <u>しみののみる874</u>	ompany were filed on	13/2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
LUXUYIOUS STAVS LLC The new name must be distinguishable and contain the words "Limit	ed Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.		<u>'</u>
		·. ·
Enter new mailing address, if applicable:		<u></u> :
(Mailing address MAY BE A POST OFFICE BOX)		
		37
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet 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

<u>Title</u>	Name	<u>Address</u>	Type of Action
<u>Ambe</u>	Desré Edwards	3168 scenic oaks dr	⊠ Add
		Jackson ville FL 32226	□Remove
			□Change
		***	□Add
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