L22000266272

(Requestor's Name)	
(Address)	000393950090
(Address)	00033330030
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	09/18 2201023029 **25.00
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	22 SEP 16 AM
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File Number:

21-26067-004

September 12, 2022

SENT VIA U.S. MAIL

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Amendment and Filing Fee for LUX INTERIOR DESIGN LLC

To whom it may concern,

Enclosed please find the Amendment and Filing Fee for the registration LUX INTERIOR DESIGN LLC. Should you have any questions or need any additional items, please do not hesitate to contact me at (941) 954-9991 or khuynh@berlinpatten.com.

Sincerely,

Kathryn A. Huynh, Esq.

AVIOLA OF CONTENANTON

COVER LETTER

Division	ı of Cor	porations				
	X INTER	RIOR DESIGN LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed Art	ticles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all o	correspo	ndence concerning this matter	to the following:			
		KATHRYN A. HUYNH, I	ESQ.			
			Name of Person			
		BERLIN PATTEN EBLIN	G PLLC			
			Firm/Company		b)	·_
		324 S HYDE PARK AVE.	SUITE 325		22 SEP	AND TO A OF CONFORMING
			Address		9 0	<u></u>
		TAMPA, FL 33606			6 æ	000
			City/State and Zip Code		<u>=</u>	3
		ISABELLE@LUXDESIGN			AM 10: 05	
			to be used for future annual report noti	lication)	_,	-
For further inforn	nation co	oncerning this matter, please c	ail:			
ISABEL BOBA			941 744-0649 at ()			
	Name of	Person	Area Code Daytim	e Telephone Number		
Enclosed is a che	ck for th	e following amount:				
□ \$25.00 Filing	g Fec	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status &	
<u>Mailing</u> Registr	Address		<u>Street Address:</u> Registration Se	ction		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ART CLES OF AME DME T TO ART CLES OF OR A AT O OF

LUX INTERIOR DESIGN LLC			
(<u>ame of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	· · · · · · · · · · · · · · · · · · ·	
he Articles of Organization for this Limited Liability Company	were filed on MAY 16, 2022	and assigned	d
lorida document number 1.22000266272			
his amendment is submitted to amend the following:			
a. f amending name enter the new name of the limited liab	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."	
Inter new principal offices address if applicable:		<u> </u>	<u> </u>
Principal office address MUST BE A STREET ADDRESS)		S 2	
rincipul office udaress MOST BE A STREET ADDRESS)			<u>; ; : </u>
		<u> </u>	•-•
		. CO	<u> </u>
iter new mailing address if applicable:			· <u>C.</u>
;		9 3	-
<u> Mailing address MAY BE A POST OFFICE BOX</u>			
. f amending the registered agent and or registered office :	address on our records enter the n	ame of the new reg	iste
gent and or the new registered office address here:			
Name of Name Davistand Amount			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
·	, Florida		
	City	Zip Code	

ew 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.

f amending Authorized erson(s) authorized to manage enter the title name and address of each person being added or removed from our records:

M R Manager AMBR Authorized Member

<u>Title</u>	<u>ame</u>	Address	Type of Action
AMBR	LUX INVESTMENT GROUP INC	628 WELLINGTON STREET W	
		TORONTO, ON M5VIG4, CANAĐA	= Remove
			□ Change
•	<u> </u>		□Add
			□Remove
			22@hange: 12
			— □Remove
			□Add
			□Remove
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			□ Change
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			□Remove
			□ Change

	enter change(s) here:	ttach additional :	sheets, if necessary.	
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ective date if other than the date effective date is listed, the date must be: If the date inserted in this block ament's effective date on the Depar	does not meet the applica			
ord specifies a delayed effective da filed.	te, but not an effective tin	ne, at 12:01 a.m. on the	e earlier of: (b) The	: 90th day after
		_·		
d SEPTEMBER 12	2022			