

C22000420477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

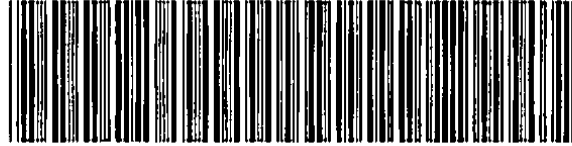
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JAN 24 2023



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11-04-2022 11:11 AM

FILED  
2022 NOV -4 AM 11:22  
CLERK OF COURT

**Registration Section  
Division of Corporations**

LUXY SOUTH FLORIDA LLC

ECT: \_\_\_\_\_  
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

return all correspondence concerning this matter to the following:

Ariel A. Olguin

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

Luxy South Florida LLC

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

10900 Town Cir . Apt 208

\_\_\_\_\_  
Address

Wellington, Florida 33414

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

ariel23tm@hotmail.com

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

Further information concerning this matter, please call:

Ignacio Molina Scopus

561 517-6257

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

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

**TO  
ARTICLES OF ORGANIZATION  
OF**

LUXY SOUTH FLORIDA LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on September 22, 2022 and assigned  
document number L22000420477.

An amendment is submitted to amend the following:

Amending name, enter the new name of the limited liability company here:

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)

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*

City, Florida

Zip Code

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

**R = Manager**  
**BR = Authorized Member**

BR = Authorized Member

[illegible]

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

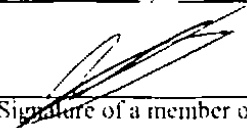
Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

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 document is filed.

Effective date: November 02, 2022

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Ariel A. Olguin

\_\_\_\_\_  
Typed or printed name of signee