L22000423767

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COVER LETTER

TO: Registration Solution of Con			•
	r life llc		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	KEVIN DE FELIPE		
		Name of Person	
	LUXWEST LIFE LLC		
		Firm/Company	
	7815 NW 15TH STREET		
		Address	·
	MIAMI, FLORIDA 33126	,	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	kevin.defe@icloud.com		
	E-mail address: (to be used for future annual report n	otification)
For further information of	concerning this matter, please c	all:	
KEVIN DE FELIPE		786 9923479	
Name o	of Person		time Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration S	
Division of C		Division of C	
P.O. Box 632	27	The Centre of	f Tallahassee
Tallahassee,	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUXWEST LIFE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{09/30/2022}{1}$ and assigned Florida document number <u>L22000423767</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 7815 NW 15TH STREET Enter new principal offices address, if applicable: MIAMI, FLORIDA 33126 (Principal office address MUST BE A STREET ADDRESS) 7815 NW 15TH STREET Enter new mailing address, if applicable: MIAMI, FLORIDA 33126 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being addedress of each person</u> <u>each person</u> <u>addedress of each person</u> <u>addedress of each person</u> <u>each person</u> <u>ea</u>

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	KEVIN DE FELIPE	7815 NW 15TH STREET	
		MIAMI, FLORIDA 33126	□Remove
			
		-	□Remove
			□Change
			□Add
			□Remove
			Change
		_	□Add
			□Remove
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3/2023			(optional)	
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3/2023			(optional))
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applicable statu		e than 90 day	s after filing	g.) Pursuant to 605
applicable statu ecords.	itory filing r	requiremen	ts, this date	e will not be liste
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3	applicable statu	applicable statutory filing	applicable statutory filing requiremen	