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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803

Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		 	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LUXURY EXCHANGE SOLUTIONS LLC

Certificate of Status	0
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Page Count	04
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Corporate Filing Menu

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## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF CONTRACT OF STATE OF **OF**

2022 DEC 27 AM 11: 27

Luxury Exchange Solutions 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 C	Company were filed	on 10/04/22	and assigned
Florida document number L22000428974	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability comp	any here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Compan	y." the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	d office address on	our records, <u>enter th</u>	e name of the new registered
· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:	Er	iter Florida street address	
		, Flori	da
	City		daZip Code
New Registered Agent's Signature, if changing Registere	d Agent:		
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence the obligations of my position as registered ago being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete performa gent as provided f ed office address, i	nce of my duties, and or in Chapter 605, F.:	I am familiar with and S. Or, if this document is
	If Changing Registo	ered Agent, Signature of N	iew 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	Address	Type of Action
AMBR	Lanese Henry	101 Athens Way Suite 44	·2_ ×Add
		Nashville, TN 37228	□Remove
			□Change
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Effective date, if other than the date fan effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depar	specific and canno does not meet t	he applicable		e than 90 days aft		
record specifies a delayed effective da d is filed.	e, but not an ef	fective time, a	at 12:04 a.m. oi	n the earlier of: (	b) The 90th day	after the
December 27	<u>20</u>	)22				
	uture of a memb	2: Lung 72/L	·			

Filing Fee: \$25.00