

L220000441327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECURITY  
TALLAHASSEE, FL

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2022 NOV 14 PM 2:36

SECURITY  
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE use funds from ACCT: I20210000160 AMOUNT: \$ 25.

Authorization Signature: *[Signature]*

Business

Document #

AM LUXURY Group LLC

☐ Walk in

☐ Pick up time       

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certified Copy (s) of Articles of Incorporation

☐ Certificate of Status

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other  
☐ **CORP**

**AMMENDMENTS**

☐ Amendment  
☐ Resignation of R.A. Officer/Director  
☒ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger  
☐ **Conversion**

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name  
☐ APOSTIL ( )       

Country

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement  
☐ Other

EXAMINER'S INITIALS:

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AM LUXURY GROUP LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALBERT AIEVOLI

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

AM LUXURY GROUP LLC

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

1881 WASHINGTON AVENUE, SUITE 11B

\_\_\_\_\_  
Address

MIAMI BEACH, FLORIDA 33139

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

amaievoli@gmail.com

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

For further information concerning this matter, please call:

ALBERT AIEVOLI

310

770-5176

at (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: AM LUXURY GROUP LLC

2. (a) 1881 WASHINGTON AVENUE  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

(b) \_\_\_\_\_  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

SUITE 11B

MIAMI BEACH, FL 33139

10/13/2022

L22000441327

3. Date of filing/registration in Florida 4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

ALBERT AIEVOLI

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

248 WEST RIVO ALTO DRIVE

MIAMI BEACH, FL 33139

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

DANIEL FUJITA

NEW Registered Office Address:

151 CRANDON BLVD #700

KEY BISCAVNE, FL 33149

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Albert Aievoli  
Signature of a member or authorized representative of a member

ALBERT AIEVOLI

Printed or typed name of signer

*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.*

[Signature]  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

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2022 NOV 14 AM 10:06  
TALLAHASSEE, FL