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(F	Requestor's Name)
	Address)
	Address)
(0	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
- (i	Business Entity Name)
(I	Document Number)
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	CHS L Name of Lim	LUXUY RCALTY 1	LC_
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	C _{Y1}	istal Itayson S	Silverman
	Crystal	Hayson Silverman	LLC
	380 N.	Hisiscus Dr. Address	
	Miami Be	ach, FL 33134 City/State and Zip Code	7
	CSI Verman E-mail address: (C ONE SOM COYS realt to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Crystal Hays	en Silverman Person	$\frac{1786}{\text{Area Code}} = \frac{153}{\text{Daytime}}$	2691 Telephone Number
Enclosed is a check for th	e following amount:		
☐ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)
Mailing Address	<u>e</u> .	Street Address:	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHS Luxi	· 1	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ny as idenow appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L2200514024</u>	were filed on <u>217122</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile CYUSTAL HOUSON SINCE The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	110	Dr.
Enter new mailing address, if applicable:		2023 J.
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the nar	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sweet address	<u>.</u>
	, Florida	
	CiÚ.	Zip Code

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.

If Changing Registered Agent, Signature of New 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>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
		 	□Add
			□ Remove
			☐Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
		□Remove	
		□Change	
			□ Remove
			□ Change

Page 2 of 3

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	1/19/23
	Signature of a member or authorized representative of a member
	Crustal Hauson Silverman
	Crystal Hayson - Silvernan Typed or printed name of signee