

Florida Department of State
Division of Corporations
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L23000342734

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : SOUSA & ASSOCIATES INC
Account Number : 120190000111
Phone : (407)800-7028
Fax Number : (407)992-9407

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

Email Address: _____

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2023 SEP 29 AM 9:32

FLORIDA
DIVISION OF CORPORATIONS
STATE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
REAL LUX GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

2023 SEP 29 PM 1:29

APPROVED AND FILED

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REAL LUX GROUP LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Maria C Sousa
Name of Person

SA Finance & Accounting Inc
Firm Company

5728 Major Blvd Ste 309
Address

Orlando Florida 32819
City State and Zip Code

Licenses@safinance.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria C Sousa at (407) 8007028
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

REAL LUX GROUP 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 01/23/2023 and assigned
on Florida document number L23000042081

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 "L.L.C."

Enter new principal offices address, if applicable: 6965 Piazza Grande Ave, Ste 410,
Orlando, FL 32835
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____
(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 registered agent and/or the new registered office address here:

Name of New Registered Agent: SA FINANCE & ACCOUNTING INC
New Registered Office Address: 5728 MAJOR BLVD, STE 309
Enter Florida street address
ORLANDO, Florida 32819
City Zip Code

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AND
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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>	<u>Address</u>	<u>Type of Action</u>
<u>AMBR</u>	<u>Maria Eduarda Rodrigues da Silva</u>	<u>16317 Prairie School Dr</u>	<input checked="" type="checkbox"/> Add
		<u>Winter Garden, FL 34787</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Ivan Tetsuo Abe Pezzoli</u>	<u>3603 Devonswood Dr</u>	<input checked="" type="checkbox"/> Add
		<u>Orlando, FL 32806</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Luca Andrade Pezzoli</u>	<u>3603 Devonswood Dr</u>	<input checked="" type="checkbox"/> Add
		<u>Orlando, FL 32806</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

E. 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.

If the 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 record is filed.

Dated September, 28 2023

[Handwritten Signature]

Signature of a member or authorized representative of a member

SILVIO QUINES DA SILVA

Typed or printed name of signee