L23000051654

(Red	questor's Name)	-
(Add	dress)	
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(City	//State/Zip/Phon	e #)
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05/19/23--01019--030 **25.00

2002/13/19/17/16/19

COVER LETTER

Registration Section

TO:

Division of Co	porations			
GOLD CO.	AST LUXURY MOTORS			
SUBJECT:	Name of Lin	nited 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:		
	Nick Williams			
		Name of Person		
	GC LUX			
		Firm/Company	,,	
	1199 Federal Highway, Su	ite 302		
		Address		
	Boca Raton, FL 33432			/· 12
	wiel-60 weber over	City/State and Zip Code		
	nick@gelux.com E-mail address: (to be used for future annual report not	ufication)	
For further information c	oncerning this matter, please c	all:		(19
Nick Williams		480 570-6590 at ()		
Name o	f Person	Area Code Daytir	ne Telephone Number	9
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Address Registration S		<u>Street Address:</u> Registration Se	ection	
Division of C P.O. Box 632	Corporations	Division of Co The Centre of	rporations	
Tallahassee, 1			rananassee be Street, Suite 81	0

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1.23000051654	were filed on 01/30/2023	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	550 NE 27th Street, Unit 550C		
(Principal office address MUST BE A STREET ADDRESS)	Pompano Beach, FL 33064		
Trincipal office data can in OST DE 11 STREET THE STREET	<u></u>	297	
		15 2	
Programme Warren Warren Warren	1199 Federal Highway, Suite 302		
Enter new mailing address, if applicable:	Boca Raton, FL 33432	5 9	
(Mailing address MAY BE A POST OFFICE BOX)			
		=	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registe	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	Zip Code	

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>	Type of Action
<u>v</u>	DANIEL J. BUCCI	901 SW 12th Ave	■ Add
		Boca Raton, FL 33486	□Remove
			□Change
V DAVID M. BUCCI	901 SW 12th Ave	■Add	
		Boca Raton, FL 33486	□ Remove
			Change
			□ Remove □ □ Change
			□Remove
			Change
			□Add
			□Remove
			□Change
		#4F+78-7	
			□Remove
			□Change

 				
				
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fective date, if other than the date of fili in effective date is listed, the date must be specific a ote: If the date inserted in this block does no	nd cannot be prior to d	late of filing or more than	(optional) 190 days after filing.	Pursuant to 605.020
cument's effective date on the Department o		e statutory irring requ	rements, this date	will not be fisted a
ecord specifies a delayed effective date, but n is filed.	ot an effective time,	at 12:01 a.m. on the	earlier of: (b) Th	e 90th day after the
()5/15 ited	2023			
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	11/1	ed representative of a me	··· ·	

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Filing Fee: \$25.00