L23000117308

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S. ROBERTS

MAY 2 5 2023

COVER LETTER

Tallahassee, FL 32314

TO:

	istration Se ision of Cor			
SUBJECT.	LUXURY TOUCH STAGING ELC			
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		MARION EVANS		
		•	Name of Person	
		LUXURY TOUCH STAG	ING LLC	
			Firm/Company	
		9301 NE 7TH PATH		
			Address	
		WILDWOOD, FLORIDA	34785	
		MADIONEVANS20@CM	City/State and Zip Code	
		MARIONEVANS39@GM2 E-mail address: (to be used for future annual report noti	(fication)
For further in	nformation c	oncerning this matter, please c		
MARION E	VANS		352 661-8796	
	Name o	f Person		ne Telephone Number
Enclosed is a	ı check for ti	ne following amount:		
■ \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Reg	iling Addres gistration S	Section	Street Address: Registration Se	
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Luxury Touch Staging	LLC
(<u>Name of the Limited L'fabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number L23000117308	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	(ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	ື ພ
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
-	Enter Florida street address
	. Florida
	City 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
MGR	MARION EVANS	9301 NE 7TH PATH	∃ Adđ
		WILDWOOD, FLORIDA 34785	□Remove
			□ Change
			□Add
			□ Remove
			□ Change
		_	□Add
			□Remove
			Change
	<u> </u>		□Add
			□Remove
			□ Add
			□ Remove
			□Change
			□Add
			□Remove
			Change

AGREEANCE WITH ADD	
	ING MARION EVANS.
	
	
	
	ist be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(block does not meet the applicable statutory filing requirements, this date will not be listed as the
record specifies a delayed effecti I is filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
APRIL I	2023
<u> </u>	

Filing Fee: \$25.00

Typed or printed name of signee