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COVER LETTER

TO:

Registration Section

Division of Cos	rporations		
SUBJECT: (U)	(extreme si	, LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sogio N	Used Diaz	<u> </u>
	L	Name of Person	
	- de		
		Firm/Company	
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	Migmi - das	<u>City/State and Zip Code</u>	;;
		\mathcal{L}	
	<u>Vicetsorgû</u> E-mail address: (to be used for future annual report noti	ification)
For further information c	oncerning this matter, please c	all:	, (2)
	,		
Sorges M	Vicet Diaz	at (<u>786)90</u> 8_	6311
Name o	F Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
2 \$25.00 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)
Mailing Addres		Street Address:	
Registration S		Registration Sec	
Division of C P.O. Box 632	7	Division of Corp The Centre of T	-
Tallahassee, I			Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lux Extreme su 40	<u> </u>
(Name of the Limited Liability Compa (A Florida Limited I	nny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>∠ 23000/79889</u> .	were filed on $04/1/2083$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liah	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	915 NW 1st AUR, 4216
(Principal office address MUST BE A STREET ADDRESS)	Miami - dedo FC-33138
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u> B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	9/8 NW 1st Ave 6216. Miami - dodo FC-35/36. Address on our records, enter the name of the new registered
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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBRM	Seeg10 M Vicet Digz	915 NW 1st Ave	🗆 Add
		2216	□Remove
		1216 Mami-dade, FL-3315	& 29 Change
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rective date, if other than the date of filing: I effective date is listed, the date must be specific and cannot be prior to date of filing te: If the date inserted in this block does not meet the applicable statutory nument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 12:01 s filed.	a.m. on the earlier of: (b) The 90th day after
ed 04/19/2023	
	entative of a member