L2300021108

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
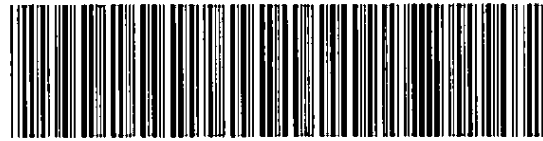(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

2023 MAY 10 AM

2023 MAY 10 PH 2:54

MAY 11 2023

Incorporating Services, Ltd.

incserv

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com

ORDER FORM

TO	Florida Department of State	**FROM**	Melissa Moreau
	The Centre of Tallahassee		
	2415 North Monroe Street, Suite 810		850.656.7953
	Tallahassee, FL 32303		
	corphelp@dos.myflorida.com		
	850-245-6051		

REQUEST DATE 5/10/2023   **PRIORITY** Regular Approval   **OUR REF # (Order ID#)** 1145338

ORDER ENTITY
LUXX FUND LIMITED LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
LUXX FUND LIMITED LLC (FL)

File the attached amendment

NOTES:
$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and
courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, May 10, 2023   _Page 1 of 1_

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LUXX FUND LIMITED LLC

2023 MAY 10

(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 on APRIL 28, 2023 _____ and assigned

Florida document number L23000211088 _____ .

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:

(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: _____

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>	<u>Address</u>	<u>Type of Action</u>
MGR	RAY BRANNON	1510 N 70TH TERRACE	■ Add
		HOLYWOOD, FL 33024	□ Remove
			□ Change
			□ Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			□ Change
			□ Add
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			□ Change
			□ Add
			□ Remove
			□ Change

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

PLEASE ADD THE EIN # 32-0730209

_____

_____

_____

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_____

_____

_____

_____

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 MAY 10   2023

Rogerio M Pereira Oliveira
_____
Signature of a member or authorized representative of a member

ROGERIO MARCIO PEREIRA DE OLIVEIRA
_____
Typed or printed name of signee

Filing Fee: $25.00