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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Rand S Elite Luxury Services, 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:
RaShawn Powell Name of Person
Rand S Elite Luxury Services, H
200 East Robinson Street. Swite 112
Orlando, FL 32-801
info Rand S. E. Lite Luxury Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shemo Lo Pavell at 863, 585-9987 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

te Luxury Services LLC The Articles of Organization for this Limited Liability Company were filed on 5-19-23 and assigned Florida document number L23000247638 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 ada	fress
		Florida

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

Title	• Name	Address	Type of Action
<u> 462</u>	RaShawn Powell	200 East Robinson St.	iVAdd
		Suite 1120	□Remove
		Orlando, FL 32801	□ Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
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			Remove
			□Change

•	•
(If an c Note:	tive date, if other than the date of filing: [Coptional] Decrive 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 (1) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
he reco ord is 1	rd 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 filed.
Datec	Signature of a member of authorized representative of a member
	Shemeka PoweLL

Filing Fee: \$25.00