3/12/2024 08:18:31 PDT To 18506176383 Page, 1/4 Fax: 8134365206

Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000095859 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (813)436-5206

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:			
-------	----------	--	--	--

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LUXE REALTY INVESTMENTS L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

3/12/2024 03.18/31 PDT To: 18506176383 Page: 2/4 Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Luxe Realty Investments L.L.C.		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	rere filed on 07/03/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
Royal Luxury Innovations L.L.C.		
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:		2024 HJ SLYLL
(Principal office address MUST BE A STREET ADDRESS)		A A
Enter new mailing address, if applicable:		HASSELL S
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	dress on our records, enter the na	me of the new registered
	Elagida	
· · · · · · · · · · · · · · · · · · ·	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro	erformance of my duties, and I an	i familiar with and

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

3/12/2024 09:18:31 PDT To: 18506176383 Page: 3/4 Fax: 8134365206

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	<u>Address</u>	Type of Action
			□ Add
			□Remove
			Change
			□Add
		·	□Remove
			□Change
		***	□Remove
			ClChange
			(T) Add
			□Remove
			☐Change
			⊜Add
			LJRemove
			[]Change
			□Add
			□Remove
			Ec.

3/12/2024 99:18;31 PDT To: 18506176383 Page: 4/4 Fax: 8134365206

	ion, enter change(s) here: (Attach additional sheats, if i	- 4
		
		
· · · · · · · · · · · · · · · · · · ·		
·		<u> </u>
** * * *** · · · · · · · · · · · · · ·		
Effective date, if other than the fan effective date is listed, the date must Sote: If the date inserted in this blo locument's effective date on the De	date of filing: be specific and cannot be prior to date of filing or more than 90 days a sick does not meet the applicable statutory filing requirements, partment of State's records.	ptional) dier filing.) Pursuant to 608,0207 (this date will not be listed as (
record specifies a delayed effective d is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of	(b) The 90th day after the
Dated March 12th	2024	
/	var-sminh	
	Signature of a member or authorized representative of a member	