

L23000 330652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

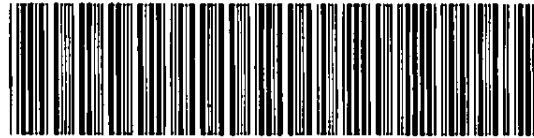
(Business Entity Name)

(Document Number)

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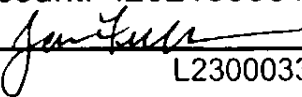
10/11/23

R. HUNT

10/11/23

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from this account: 120210000160 **\$25.00**

Authorization Signature:   
Luxom VII LLC L23000330652

Business Name

Doc. #

     Certified Copy of

     Certificate of Status

**NEW FILINGS**

     Profit Corp  
     Not for Profit  
     Officer/Director  
     Limited Liability  
     Domestication  
     Other  
     **CORP**  
  X   **PLLC**  
**Articles**

**AMENDMENTS**

  X   Amendment  
     Resignation of R.A.  
  
     Change of Registered Agent  
     Revocation of Dissolution  
     Merger  
     Conversion  
     Amended and restated

**Statement of Authority**

**OTHER FILINGS**

     Annual Report  
     Fictitious Name  
     APOSTILLE

**Country**

**REGISTRATION/QUALIFICATIONS**

     Foreign filing  
     Limited Partnership  
     Reinstatement  
  
     Other

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**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: LUXOM VII 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:

SAMUEL BISSU

Name of Person

LUXOM VII LLC

Firm/Company

2665 S. BAYSHORE DRIVE, SUITE M 103 7

Address

MIAMI, FL 33133

City/State and Zip Code

sbissu@luxomdevelopments.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAMUEL BISSU

305 at ( )

8123944

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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 Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

LUXOM VII LLC

(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 07/13/2023 and assigned  
Florida document number L23000330652.

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, 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>	<u>Address</u>	<u>Type of Action</u>
President	SAMUEL BISSU	2665 S. BAYSHORE DRIVE, SUITE M 103 7 MIAMI	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	SAMUEL BISSU	2665 S. BAYSHORE DRIVE, SUITE M 103 7 MIAMI	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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