

L23000370250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

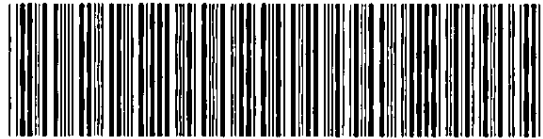
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Luxe Vida Homes, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aileen Amkreutz
Name of Person

Luxe Vida Homes, LLC
Firm/Company

59 N Shore Drive
Address

Miami Beach, FL 33141
City/State and Zip Code

AAmkreutz@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aileen Amkreutz at (202) 913-6360
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

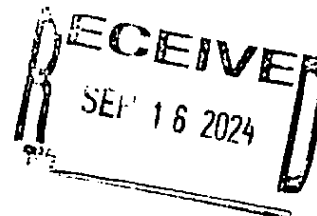


FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 3, 2024

AILEEN AMKREUTZ
59 N SHORE DR
MIAMI BEACH, FL 33141

SUBJECT: LUXE VIDA HOMES LLC
Ref. Number: L23000370750



We have received your document for LUXE VIDA HOMES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only received the Cover Letter of the Statement of Change of Registered form. I have enclosed a new form.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 924A00019636

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Luxe Vida Homes, LLC
2. (a) 59 N. Shore Dr. Miami Beach, FL 33141 (b) 59 N Shore Dr. Miami Beach, FL 33141
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. August 7, 2023 Date of filing/registration in Florida 4. L23000370750 Document number

5. (a) Zen Business Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

336 E. College Ave STE. 301
Tallahassee, FL 32301

- (b) Aileen Amkreutz
Enter name of NEW Registered Agent and/or NEW Registered Office address:

59 N. Shore Dr.
NEW Registered Office Address:

Miami Beach, FL 33141

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Michelle Craig
Printed or typed name of signee

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.

[Signature]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

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