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COVER LETTER

TO: Registration Se Division of Cor	
SUBJECT: <u>E</u> &	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	Yansvey Isla
	Firm/Company
	4620 W. Florida Aue JAMPA PL3366
	TAMPA PL 33603 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information c	concerning this matter, please call:
VQV1SN Name o	$\frac{\text{QUISON}}{\text{Area Code}} = \frac{83}{\text{Area Code}} = \frac{80 - 63}{\text{Daytime Telephone Number}}$
Enclosed is a check for the	he following amount:
☑ 825.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Addres Registration 1 Division of C	Section 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 TO ARTICLES OF ORGANIZATION OF

LUXURY AND Salos LCC

(A Florida Limited Liability Company	1
The Articles of Organization for this Limited Liability Company were filed on Florida document number $\underline{L23000417499}$.	$\frac{09(07)2023}{\text{and assigned}}$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company." the	
Enter new principal offices address, if applicable:	2023
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	AH D
Enter new mailing address, if applicable:	213 == ;
(Mailing address MAY BE A POST OFFICE BOX)	20
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address: Enter F	Torida street address

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.

City

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>	Address	Type of Action
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Effective (date, if other than the date of filing:
Note: If the	re 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 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a seffective date on the Department of State's records.
e record sp rd is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	0ctober 12 . 3023.
	Idles
	Signature of a frember or authorized representative of a member