L23000425411

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 · Tallahassee, Florida 32301 (850) 224-8870 · 1-800-342-8062 · Fax (850) 222-1222

LUXE HAUSS	3 LLC		 ₋
Please Debit F	CA000000003 For		
		·•	-
Thank you Seth	Neeley		
Sta			Art of Inc. File
	***		LTD Partnership File
•			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Рһою Сару
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
/			Officer Search
4			Fictitious Search
Signature	/		Fictitious Owner Search
			Vehicle Search
		_	Driving Record
Requested by:			UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
			UCC 11 Retrieval
Walk-In	Will Pick	: Up	Courier

COVER LETTER

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Registration Section

TO:

Division of Cor	porations		
	USS 3 LLC		
SUBJECT:	Name of Lim	nited Liability Company	 -
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing	
Please return all correspo	ondence concerning this matter	to the following:	
	Alexander B. Rotbart		
		Name of Person	
	54 SW Boca Raton Blvd.		
	·	Firm/Company	
		Address	
	Boca Raton, FL 33432		
		City/State and Zip Code	
	same as current		
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Alexander B. Rotbart		561-922- at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S	Section	Street Address: Registration Se	
Division of C P.O. Box 632		Division of Co	
Tallahassee, I		The Centre of T 2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

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

(Name of the Limit	ed Liability Comp (A Florida Limited	any as it now apper Liability Company)	ars on our records.)	-	•
The Articles of Organization for this Limited Liability Comp Florida document number <u>L23000425411</u> .		were filed on $\frac{0}{2}$	9/12/2023	and a	ssigned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liab	oility company h	<u>nere</u> :		
N/A					
The new name must be distinguishable and contain the w	ords "Limited Liab	ility Company," the	designation "LLC" or the al	hreviation '	'L.L.C.''
Enter new principal offices address, if applic	able:	N/A		.3 1 1	
(Principal office address MUST BE A STREE	T ADDRESS)		بم. د ا	ر.	
			·		
Enter new mailing address, if applicable:		N/A) See) AM YOFS	1.1
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		77	1.4.1 1.4.1	Separa
				T) CO	
B. If amending the registered agent and/or ragent and/or the new registered office addres Name of New Registered Agent:	egistered office is here:	address on our	records, <u>enter the nam</u>	e of the n	<u>ew regi</u>
	NUA	, , =			
New Registered Office Address:	N/A	Enter Flo	orida street address		
			. Florida		

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>	Address	Type of Action
P	GUSTAVO BARILARO		□Add
		3340 NE 190 ST., #109, AVENTURA, FL 33180	Remove
			□Change
MGRM	GUSTAVO BARILARO	3340 NE 190 ST., #109, AVENTURA, FL 33180	= Add
			□Remove
			□Change
MGRM	NATALIA BARILARO	3340 NE 190 ST., #109, AVENTURA, FL 33180	≅ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
		The state of the s	□ Add
		SSEE, FLE	Remove
			□Add
			□Remove
		.VO BARILARO 3340 NE 190 ST., #109, AVENTURA, FL 331 .IA BARILARO 3340 NE 190 ST., #109, AVENTURA, FL 331	

N/A							
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ctive date, if other than the	e date of filing:	he prior to da	e of filing or mor	e than 90 days aff	tional)	remunt to	. 605 02
e: If the date inserted in this b iment's effective date on the E	lock does not meet th	e applicable.	statutory filing	requirements, t	nis date wil	I not be	listed
ord specifies a delayed effectivitied.	ve date, but not an eff	ective time, a	u 12:01 a.m. or	the earlier of:	(b) The 9	0th day	after th
September 9	202	4					
	natalia	barilar	T.				
	Signature of a membe						

Filing Fee: \$25.00