L23000436653

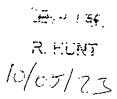
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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RECEIVED



Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 10/4/2023

850-245-6051

PRIORITY Regular Approval

OUR REF # (Order ID#).

ORDER ENTITY

LUX WATCHES, COINS, AND JEWELS LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
LUX WATCHES, COINS, AND JEWELS LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, October 4, 2023 Page 1 of 1

COVER LETTER

TO:

Registration Section

Division	of Corp	porations		
	WAT	CHES, COINS, AND JEWEL	S LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Artic	eles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all co	orrespoi	idence concerning this matter	to the following:	
		Joel Marcus		
			Name of Person	
			Firm/Company	~
		676 W Prospect Road	· · · · · · · · · · · · · · · · · · ·	583 (J. 1 - 5
			Address	
		Fort lauderdale, Florida 33		
		75.4	City/State and Zip Code	
		Jmarcusepa@yahoo.com	to be used for future annual report n	
For further inform	ation co	oncerning this matter, please ca		ornication)
Joel Marcus			954 566-8513	
ì	Vame of	Person	Area Code Dayt	ime Telephone Number
Enclosed is a chec	k for th	e following amount:		
■ \$25.00 Filing	Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
Mailing A			Street Address:	
Registra			Registration Section	
Divisior P.O. Bo		orporations	Division of C The Centre of	•
		1. 32314		roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUX WATCHES, COINS, AND JEWELS 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 09/18/2023 and assigned Florida document number L23000436653 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LUXE WATCHES, COINS, AND JEWELS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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 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
			□Add
			□Remove
			□ Change
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ne date of filing: The specific and cannot be prior to date of filing or more than block does not meet the applicable statutory filing requipepartment of State's records.	(optional) n 90 days after filing.) Pursuant to 605.0207 (rements, this date will not be listed as th
	ive date, but not an effective time, at 12:01 a.m. on the o	earner of: (6) The 90th day after the
ord is filed.		
cord is filed.	2023 Signature of a member or authorized representative of a me	

Filing Fee: \$25.00