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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: MONE	Funney Boo Name of Limite	A and Jet Ski ed Liability Company	Rentals LLC
The enclosed Articles of Art	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	Dena Wic Wave Runnex	Name of Person Boat and Jet Firm/Company	Ski Rentals
	1631 Del P	rado BIVA 5 E	STE 300
	Cape Coval Contact Oli E-mail address: (to	FI 33990 City/State and Zip Code UXC 910W UCANING be used for future annual report notif	ication)
For further information cond	cerning this matter, please cal	11:	
Dena Wi Name of Po		at (<u>339)</u> 940 Area Code Daytim	- 6809 e Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	330.00 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:		Street Address:	

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

Nave Rumer Boot and Jet Ski Rentals LU

(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 v	were filed on 10 9 203	and assigned
Florida document number <u>LA3000 464116</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity compa ny here:	
Luxe Glow Cleaning Services The new name must be distinguishable and contain the words "Limited Liability	LLC	hassistion "L.I.C."
	_ ,	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SHE 300 Cape Coral Fl 3	3990
Enter new mailing address, if applicable:	1631 Del Prado	BlvdS
(Mailing address MAY BE A POST OFFICE BOX)	Cape COXALFI3399	0
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the nam	e of the new registered
agent and/or the new registered office address here.		28
Name of New Registered Agent:		2023 11:00
New Registered Office Address:		
	Enter Florida street address	<u>.</u>
 	, Florida	Zīp Code
New Registered Agent's Signature, if changing Registered Agent:		و ال

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 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
			
			□Remove
			□Change
			□Remove
			Change
			□Add
		<u> </u>	
			□ Change
			
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fan effective date is listed Note: If the date inser	 the date must be specific 	ling: and cannot be prior to date of meet the applicable s of State's records.	e of filing or more that	(optional) 190 days after filing.) Pur rements, this date will	suant to 605.020 not be listed a
record specifies a del d is filed.	ayed effective date, but	not an effective time, a	t 12:01 a.m. on the	earlier of: (b) The 90	th day after the
Dated		,			
	\sim	111-1-			
	Signature of	of a member or authorized	representative of a m	ember	