

L23 000583632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

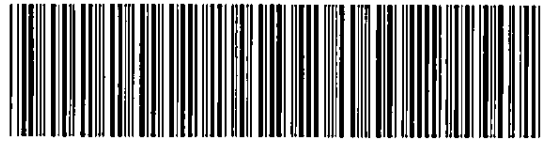
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LUXEGUARD TAX & INSURANCE ADVISORS ORLANDO LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHIRLEY SAENZ

Name of Person

LUXEGUARD ORLANDO, LLC

Firm/Company

697 N SEMORAN BLVD C

Address

ORLANDO, FL 32807

City/State and Zip Code

CORPORATE@LUXEGUARDTAX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHIRLEY SAENZ

at (407) 380-6300
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

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TALLAHASSEE, FL

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>	<u>Address</u>	<u>Type of Action</u>
MEMB	LUXEGUARD & CO, LLC	697 N SEMORAN BLVD SUITE C	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32807	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SAENZ, SHIRLEY	697 N SEMORAN BLVD SUITE C	<input type="checkbox"/> Add
		ORLANDO, FL 32807	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated December, 6 2024

Shirley Saenz, on behalf of the company

Typed or printed name of signee

Filing Fee: \$25.00