

L24 0000 83993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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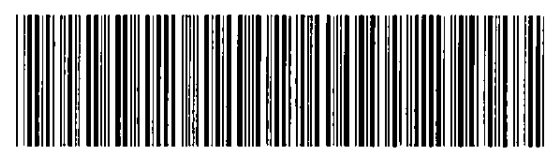
(Business Entity Name)

(Document Number)

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2024 AUG 12 PM 12:55
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BE LUXURIOUS GROUP 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:

ISMAEL SUBILS
Name of Person

BE LUXURIOUS GROUP LLC
Firm/Company

1201 MUZANO ST, APT 309, KISSIMMEE, FL 34741
Address

KISSIMMEE, FLORIDA 34741
City/State and Zip Code

INFO@BE-LUXURIOUS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ISMAEL SUBILS at (407) 731-1907
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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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2024 AUG 12 PM 12:55
TALLAHASSEE, FL
STATE

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

BE LUXURIOUS GROUP 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 02/16/2024 and assigned Florida document number L24000083993.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

932 E OSCEOLA PKWY, KISSIMMEE,
FL 34744.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

932 E OSCEOLA PKWY, KISSIMMEE,
FL 34744.

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:

932 E OSCEOLA PKWY, KISSIMMEE, FL 34744.

Enter Florida street address

KISSIMMEE

City

Florida

34744

Zip Code

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.

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2024 APR 12 12:55
STATE OF FLORIDA
TALLAHASSEE

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	SUBILS, ISMAEL		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		932 E OSCEOLA PKWY, KISSIMMEE, FL 34744	<input checked="" type="checkbox"/> Change
AMBR	GERQUATI, DEBORAH		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		932 E OSCEOLA PKWY, KISSIMMEE, FL 34744	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FL
SECRETARY OF STATE

[illegible]

(If an effective 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 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated AUGUST 9, 2024

Signature of a member or authorized representative of a member

DEBOIZA CORQUATTI

Typed or printed name of signee

FILED
2004 AUG 12 PM 12:55
CLERK OF STATE
TALLAHASSEE, FL
The 90th day after the