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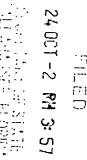
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of S	Status
Special Instructions to Filin	g Officer:	

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COVER LETTER

	Registration Se Division of Co			
SUBJEC		ILUXE LLC		
SOBJEC	.1:	Name of Lin	nited Liability Company	-
The enclo	osed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		RICARDO MARCEL GO	OMEZ	
			Name of Person	···
		TRANQUILUXE LLC		
			Firm/Company	
		1738 Sw 57th Ave A101		
		Address		
		Miami, FL 33155		
			City/State and Zip Code	-
		tranquiluxe18@gmail.com	to be used for future annual report no	
For furthe	er information c	oncerning this matter, please c	·	uncation)
	O MARCEL G	·	305 578-6092	
	Name o	f Person	at () Area Code Daytii	ne Telephone Number
			,,,,,,	in receptions variable
Enclosed	is a check for th	ne following amount:		
□ \$25.0	00 Filing Fee	S30.00 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		<u>Street Address:</u> Registration Se	ection
Registration Section Division of Corporations		Division of Co		
I	P.O. Box 632	7	The Centre of	Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRANQUILUXE LLC				
(<u>Name of the Limited L</u> (A F	iability Compa lorida Limited	inv as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabil	ity Company	were filed on	03/12/2024	and assigned
lorida document number 1.24000126417				
his amendment is submitted to amend the followin	ıg:			
a. If amending name, enter the new name of the	limited liab	ility company her	<u>e</u> :	
he new name must be distinguishable and contain the words	"Limited Liabi			abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1738 Sw 57th Av	e 	
Principal office address MUST BE A STREET AI	DDRESS)	A101		
		Miami, FL 33155		
				数って
nter new mailing address, if applicable:		1738 Sw 57th Ave	e 	
Mailing address MAY BE A POST OFFICE BOX)	<u>Ú</u>	A101		<u> </u>
		Miami, FL 33155	<u>-</u>	<u> </u>
. If amending the registered agent and/or regist gent and/or the new registered office address he	<u>re</u> :		ords, <u>enter the n</u>	ume of the new regis
Name of New Registered Agent:	icardo Marcel	l Gomez		
New Registered Office Address:	738 Sw 57th /	Ave A101		
		Enter Floride	t street address	
<u>M</u>	fiami 		, Florida į	33155
		City		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.

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
MGR RICARDO MARCEL GOMEZ	1738 Sw 57th Ave	□Add	
	A101		
	Miami, FL 33155		
		□Add	
		Remove	
		Change	
		□Add	
		Remove	
		□Change	
		\ \ \ \ _Add	
		□Remove	
		□Change	
	-	□Add	
		□Remove	
		Change	
		□Remove	
			□Change

D. II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing: (optional) ective 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). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
cord is fil	
Dated	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	RICARDO MARCEL GOMEZ
	Typed or printed name of signee

Filing Fee: \$25.00