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COVER LETTER

TO:

Taliahassee, FL 32314

TO: Registration S Division of Co			
LUX BY :	LINDA FAY, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The analoged Articles o	f Amandmant and fac(a) are sub	mitted for Elina	
	f Amendment and fee(s) are sub condence concerning this matter	_	
rouse return an corresp	ondence concerning this matter	to the following.	
	YDELMIS CUTINO		
		Name of Person	
	GILBERT GARCIA GRO	UP, P.A.	
		Firm/Company	
	2313 W. VIOLET STREE	Т	
		Address	
	TAMPA, FL 33603		
	lrlynch65@gmail.com	City/State and Zip Code	
	==	to be used for future annual report no	tification)
For further information	concerning this matter, please co	all:	
YDELMIS CUTINO		813 443-5087, I	EXT.389
Name	of Person	at () Area Code Daytin	me Telephone Number
Enclosed is a check for	the 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 (additional copy is enclosed)
Mailing Addre		Street Address:	and an
Registration Division of	Section Corporations	Registration So Division of Co	
P.O. Box 63		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUX BY LINDA FAY, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 03/19/2024	and assigned
lorida document number L24000134382		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		P T
Principal office address MUST BE A STREET ADDRESS)		30 1
		70
Inter new mailing address, if applicable:		OR 3
Mailing address MAY BE A POST OFFICE BOX		T T
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter th</u>	ne name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		1111111111
-	Enter Florida street address	
	, Flor	
	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 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
MBR	JANAE B. LYNCH	10209 N OKLAWAHA AVENUE	
		TAMPA, FL 33617	≣Remove
			□Change
MBR	KAMMERON L. LYNCH	10209 N. OKLAWAHA AVENUE	
		TAMPA, FL 33617	■ Remove
			Change
			□ Remove
			Change
			□ Add
			Remove
			Change
			🗀 Add
			Remove
			Change
			□Add
			□ Remove
			□ Change

			
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		-	
			
			
			
Effective date, if other than t	he date of filing:		(optional)
If an effective date is listed, the date r	nust be specific and cannot be prior	r to date of filing or more than 90 da	ys after filing.) Pursuant to 605.0207 (
document's effective date on the			nts, this date will not be listed as t
e record specifies a delayed effec	tive date, but not an effective t	ime, at 12:01 a.m. on the earlier	r of: (b) The 90th day after the
ord is filed.			
_ APRIL 05	2024		
Dated		 .	
\mathcal{X}_{i}	+ (2)		
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Signature of a member or auth	orized representative of a member	
I MIDAE DUCKED	LVNCH		
LINDA F. RUCKER	LINCH		

Filing Fee: \$25.00