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COVER LETTER

TO:	Registration Section Division of Corporations	ę.		ŧ	•	•
SUBJE	ECT: FLORIDA CUX Name of Limi	HOMES 4 ited Liability Compa	C	*		
The cix	nclosed Articles of Amendment and fee(s) are sub-	mitted for filing.				
Please	return all correspondence concerning this matter	to the following:				
	DA	Mame of Pers	on on	lEDI-) ۵٫۷	MGR)
	FLORIDA	LUX HOME Firm/Compa	ES Δ0 1y	_C		_
	<u>540 BAI</u>	CKELL KE Address	y De	APT	706	_
	fleridale F-mail address: (1)	$\frac{1}{FL}$ 3. City/State and Zip $\frac{3}{3}$ $\frac{3}{3}$ $\frac{3}{3}$	3131 Code C&M	ارة الم	an_	-
For fur	E-mail address: (terther information concerning this matter, please ca		annual repo	rt notification)	
D	Name of Person	at (<u>30</u> Area Cod	5) 7-3 de D	46 - 37 Paytime Telep	75/ hone Numb	er
Enclose	sed is a check for the following amount:					
⊒ √\$2	25.00 Filing Fee \$\square\$ \$30,00 Filing Fee & Certificate of Status	S55,00 Filin Certified Co (additional co	ору		Certifie	ate of Status &
	Mailing Address: Registration Section		reet Addre	ss: n Section		

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

FILORIDA LUX HO	imes llc		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears o .iability Company)	n our reco <u>rds.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 240 00157390</u>	were filed on <u>A</u> ¥	2024 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here	:	
The new name must be distinguishable and contain the words "Limited Liabil	fity Company," the desig	enation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
		•	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		())	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our reco	ords, enter the name of the new register	
N. D. Sand Office Address			
New Registered Office Address:	Enter Florida street address		
		Florida Zip Code	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ee to act in this cap performance of m	oacity. I further agree to comply with to 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
AITBR	SARA E MEDINA		□ Add
			□Remove
		540 BRICKELL KEY DE, APT 706 MIANI, FL 33131	·_ DChange
MGR	SAFA E MEDIMA	Suc BRICHELL KEY DZ, APT FO	
			□Remove
			□Change
			□Add
			□Remove
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			□Add
			□Remove
			□Change

D. If ameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	
	
(If an effect Note: If	date, if other than the date of filing:
If the record s record is filed	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
Dated	APRIL 10 2024
	Signature of a member or authorized representative of a member
	DAMAG D MEDIJA (MGR) Typed or printed name of signee