

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: LUXE LACTICS, 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:				
Name of Person				
LUXE Caclies, LC				
15193 Butter Lake D. +1:101				
City/State and Zip Code City/State and Zip Code City/State and Zip Code E-mail address: (100be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person				
Enclosed is a check for the following amount:				
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Luxe' Ladies	y as it now appears on our records.)		
(Name of the Limited Liability Compan (A Florida Limited Li The Articles of Organization for this Limited Liability Company of Florida document number	↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑		
This amendment is submitted to amend the following:	PH 2:		
A. If amending name, enter the new name of the limited liabi	(*)		
The new name must be distinguishable and contain the words "Limited Liability	ity 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)	15193 Butter lake Drue # 101 Daples, FL 34109		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15193 Butler lava Dire + 101 Daples, FL 34109		
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: 151C1	3 Butten lake Dr # 101 Enter Florida street address		

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>	<u>Address</u>	Type of Action
Mgc	Steprine Writing	in 4272 Carey Circle	□ Add
		Maples, FL 34109	Remove
			Change
- <u>icji</u>	Seprinc Writing	15193 Butter Lake D	☐☐Add
		Unit 101	Remove
		Miples FL 34109	□Change
			□Remove
			□Change
			🗆 Add
			Петоve
			□Change
			🗆 Add
			□Remove
			□Change
-			□Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (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. Signature of a member or authorized representative of a membe