## L24000 235174

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## **COVER LETTER**

TO:

Registration Section **Division of Corporations** 

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: Lu	xe Clean	nited Pability Company	LLC
	Name of Lir	nited <b>J</b> ability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
		Ū	
	Iu/,	ia Beasley Name of Person	
	,		
	Luxe	Cleaning Pro	DS, LLC
	190 112th	Ave N, 9/2	ot 130/
		,	• • •
	saint Pe	City/State and Zip Cod	4 337/6
	E-mail address: (	City/State and Zip Code  A S/Cy @ Yahao - Code  to be used for future annual report notifi	60m (5)
For further information co	oncerning this matter, please ca		
Iulija	Beasly	at ( <u>727</u> ) <u>543</u> Area Code Daytime	-6656
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	_		
\$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	<u>:</u>	Street Address:	
Registration S	ection	Registration Sect	ion
Division of Co	orporations	Division of Corpo	orations

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 Geaning	Nros, LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 2 400023517.9	were filed on May 21, 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:
Luxe Cleaning Di The new name must be distinguishable and contain the words "Limited Liabil	TOS LLC
The new name must be distinguishable and contain the Words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	1/4
New Registered Office Address:	/ A  Enter Florida street address
<del></del>	, Florida

## 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>	Name	Address	Type of Action
N/A	N/A	N/A	□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
	<del></del>		□Add
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		· · · · · · · · · · · · · · · · · · ·	□Change
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ffective date, if other than the date of filing:  ### If the date is listed, the date must be specific and cannot be prior to date of filing  If the date inserted in this block does not meet the applicable statutory ment's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605.
cord specifies a delayed effective date, but not an effective time, at 12:01 as filed.	
ed July 24, 2024.  Zulia Beas ky Signature of a member or authorized represent	