## L24000237107

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	MBER OF Lim	E LUXUY PE	ntaluc.
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Jam	Name of Person	
	Number	ONE CUXUN	hental
	4739 nort	h Pine Hills	2005 ZULI JM
		City/State and Zip Code	
	Fanga-107  Fanga-107  Fanga-107	to be used for future annual report notific	cation) 2
For further information co	oncerning this matter, please co	all:	
Name of	1 Brown	at (467) 193.  Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
മ് \$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 Registration S		Street Address: Registration Sect	ion
Division of Co	orporations	Division of Corp	orations
P.O. Box 6323 Tallahassee, F		The Centre of Ta 2415 N. Monroe	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab	offity Company	as it now appears of ability Company)	in dur records.)	Hal 24	C,
The Articles of Organization for this Limited Liability Florida document number <u>L_2_4002</u> This amendment is submitted to amend the following:	37107	vere filed on(	5/22/2 22/2 20/2/2	and as $\frac{1}{2}$	ssigned
A. If amending name, enter the new name of the li	imited liabili	ty company here	:		
The new name must be distinguishable and contain the words "L	imited Liability	Company," the desi	gnation "LLC" or	the abbreviation "I	lC."
Enter new principal offices address, if applicable:				<del></del>	<del></del>
(Principal office address MUST BE A STREET ADI	DRESS)				<del>-</del>
		·			· :
				26	4
Enter new mailing address, if applicable:					•
(Mailing address MAY BE A POST OFFICE BOX)				ြင်း ကြ	
				T-21 -	
B. If amending the registered agent and/or register agent and/or the new registered office address here		dress on our reco	ords, <u>enter the</u>	e name of the no	ew registered
Name of New Registered Agent:					
New Registered Office Address:		 Enter Florida	street address		
<del></del> -	<del></del> -	City	, Floric	daZip Code	<u> </u>

## 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
MGR	James Brown	H739 north Pinenills Proad tout orlandore 32	2SOF Add
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			□Change
	-		□Add
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ective date, if other than the date of filing:	(optional)	
n effective date is listed, the date must be specific and cannot be prior to date of tee. If the date inserted in this block does not meet the applicable statul	filing or more than 90 days after filing.) Pursuant to 6 tory filing requirements, this date will not be li	05.020 sted as
cument's effective date on the Department of State's records.	, , ,	
ecord specifies a delayed effective date, but not an effective time, at 12: is filed.	01 a.m. on the earlier of: (b) The 90th day at	ter the
s med.		
ted 07/22/2024	6	
	Que.	