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(FA. 10)

COVER LETTER

	gistration Sec vision of Corp			
CHD IECT.		CTION, LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclose	ed Articles of a	Amendment and fee(s) are subt	mitted for filing.	
Please retur	n all correspor	ndence concerning this matter	to the following:	
		Nicole Brogan		
			Name of Person	
		LUXE FUNCTION, LLC		
			Firm/Company	
		105 Tuscany Pointe Ave.		
			Address	
		Orlando, FL 32807		
		-	City/State and Zip Code	
		LuxeFunctionCo@gmail.co	m to be used for future annual report notificati	
				(iii)
For further	information co	oncerning this matter, please ca		
Nicole Bro	gan		407 702-0747 at ()	
	Name of	f Person	Area Code Daytime Tel	ephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
R D P	lailing Addres egistration S rivision of C O. Box 632 allahassee, l	Section Corporations 7	Street Address: Registration Section Division of Corpor The Centre of Talla 2415 N. Monroe Strallahassee, FL 32	ations ahassee treet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUXE FUNCTION, LLC	
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{06/0}{1}$.	7/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	signation "LLC" of the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our re	cords, enter the name of the new registered
agent and/or the new registered office address here:	
Ni wa 6Ni a Daliwa I A wata	
Name of New Registered Agent:	
New Registered Office Address:	la street address
Enter Paora	ai street daaress
Cin	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<i></i>
	to the state of th
I hereby accept the appointment as registered agent and agree to act in this c provisions of all statutes relative to the proper and complete performance of r accept the obligations of my position as registered agent as provided for in C being filed to merely reflect a change in the registered office address. I hereby company has been notified in writing of this change.	ny duties, and Lam familiar with and hapter 605, F.S. Or, if this document is
If Changing Registered Age	nt, Signature of New Registered Agent

MGR = N	Manager Authorized Member		
<u> Title</u>	<u>Name</u>	Address	Type of Action
MGR	Nicole Brogan	105 Tuscany Pointe Ave	≘ Add
		Orlando, FL 32807	□Remove
			□ Change
			□Add
		 	□Remove
			□Change
			□Add
			Remove
		.	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

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amending any other informat	67 . /			
				
				
fective date, if other than the n effective date is listed, the date mus	t be specific and cannot be prio	or to date of filing or more th	(optional) an 90 days after fling.) Po	ursuant to 605.020
ote: If the date inserted in this blocument's effective date on the December 1.			threments, this hate wi	ii not be fisted as
record specifies a delayed The 90th day after the rec		ot an effective time	, at 12:01 a m. on	the earlier o
September 17	2024			
	Signature of a member of and	horized representative of a	member	
Total Drawn-				
Todd Brogan			I	

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