

(((H24000210053 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

Eros:

Account Name : LICENSE EXAM SERVICES

Account Number : I20120000042 Phone : (941)685-0955 Fax Number : (866)473-0571

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____edmucaj87@gmail.com

LUX AMND/RESTATE/CORRECT OR M/MG RESIGN LUX CONSTRUCTION AND DESIGN LLC

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K. SALY JUN 1 8 2024

COVER LETTER

TO:

(((H24000210053 3)))

TO: Registration Se Division of Co					
LUX CON	STRUCTION AND DESIGN	ILLC			
SOBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filling.			
Please return all correspo	ondence concerning this matter	to the following:			
	EDIJON MUCAJ				
		Name of Person			
	LUX CONSTRUCTION	AND DESIGN LLC			
• ,	***************************************	Firm/Company			
;	8050 BIG PINE WAY				
		Address			
	RIVIERA BEACH, FL 3	3407 .			
	··	City/State and Zip Code	······································		
	EDMUCAJ87@GMAIL.C				
For further information c	e-mail address: (to be used for future annual report not all:	ineation)		
ROBIN OCONNOR		941 685-0955			
Name o	f Person	at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$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)		
<u>Mailing Addres</u> Registration (<u>Street Address:</u> Registration Sc	ection		
Division of Corporations		Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee. FL 32303

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ARTICLES OF AMENDMENT((H24000210053 3))) ARTICLES OF ORGANIZATION OF

LUX CONSTRUCTION AND DESIGN LLC

,	1	TO		
le es j	ARTICLES O	F ORGANIZAT	ION	
,		OF		36 4 C
	LUX CONSTRUCTION AND DESIGN LLC			
	(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears ited Liability Company)	s on our records.)	and assigned
The Articles	of Organization for this Limited Liability Comp	pany were filed on 06/	12/2024	and assigned
Florida docur	nent number L24000267728			
	ent is submitted to amend the following:			
A. If amend	ing name, enter the new name of the limited	liability company he	<u>re</u> :	
The new name r	nust be distinguishable and contain the words "Limited I	.iability Company," the de	esignation "LLC" or the a	bbreviation "L.L.C."
Enter new pa	rincipal offices address, if applicable:	···		
(Principal of)	fice address MUST BE A STREET ADDRESS	5)		
			 	
•				
Enter new m	ailing address, if applicable:		·	
(Mailing add	ress MAY BE A POST OFFICE BOX)			
			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
	ng the registered agent and/or registered off the new registered office address here:	ice address on our re	cords, enter the nan	ne of the new registered
Nan	ne of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New	Registered Office Address:			
		Enter Flori	da street address	
			. Florida	
		City	, riorida	Zip Code
	-	•		-

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address to being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ARDI MUCAJ	8050 BIG PINE WAY	≣ ∧dd
		RIVIERA BEACH, FL 33407	□Remove
			☐ Change
			□ Add
			Remove Juliange
			- 1000 mg - 10
			FLORID Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·	~~~~~	🗆 Add
•			Remove
•		.	Change
			□Add
			☐Remove
	:		🗆 Сћалде
· · · · · · · · · · · · · · · · · · ·		·····	□Add
		<u></u>	Remove
•			□ Changa

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. If amending any other informa	ition, enter change(s) here:	(Attach additional sheets, i	if necessary.)	
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			56	
Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this bl document's effective date on the D	ock does not meet the applicab	date of filing or more than 90 day ole statutory filing requirement	(optional) is after filing.) Pursuant to 605.0 is, this date will not be listed)207 (3)(d as the
he record specifies a delayed effective ord is filed.	e date, but not an effective tim	e, at 12:01 a.m. on the earlier	of: (b) The 90th day after	the
Dated		· (1)		
*	Signature of a member or authori	zed representative of a member		
EDIJON MUCAJ				
	Tunad or printed	numo of cionas		

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