

8/5/24, 2:53 PM

Division of Corporations

L24000327-267

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H24000263058 3)))



H240002630583ABC/

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TAXPEOPLE LLC
Account Number : 120200000160
Phone : (772)460-1000
Fax Number : (772)777-3071

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

Email Address: _____

PM 12:53
DATE
FL

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2024 AUG -6 PM 9:25

DEPT. OF STATE
DIVISION OF CORPORATIONS

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LUXURY DRIVES BY ANN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

8/5/24
8/6/24

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((H24000263058 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **LUXURY DRIVES BY ANN, 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:

CLAUDIO TOLEDO RIBEIRO
Name of Person
TAXPEOPLE, LLC
Firm Company
3355 SW BRIGHTON ST
Address
PORT LUCIE, FL 34953
City/State and Zip Code
info@taxpeoplellc.com
E-mail address (to be used for future annual report notification)

RECEIVED
TALLAHASSEE, FL
JAN 12 2012
PM 12:53

For further information concerning this matter, please call:

Claudio Toledo Ribeiro 772 460.1000
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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

(((H24000263058 3)))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LUXURY DRIVES BY ANN, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

and assigned

The Articles of Organization for this Limited Liability Company were filed on 07/26/2024

Florida document number: L24000327267

This amendment is submitted to amend the following

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

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 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:

Enter Florida street address

City, Florida 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 of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	CLAUDINEI BARROS	2010 NW CATALUNA CIR	<input checked="" type="checkbox"/> Add
		PORT ST LUCIE, FL 34956	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

ESTATE
STATE
FL
12:53

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

2014-05 PM12:53
WYOMING STATE
LABORATORY, FL

7-11-68 5:42:53
JAMES E. STINE
LAKESIDE, FL

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be "upon 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

Dated August 5th, 2024.

X _____
Signature of a member or authorized representative of a member

ASHLEY ANN BARROS/AMBR