L24000384348

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JOSIV'S Creation'S 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:	
Josh Velazquez Name of Person	
Firm/Company	
6772 Thomas Jefferson way	
Orlando FL 32809 City/State and Zip Code	
JVELAZOUEZ 0525 @ GMALL COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Tosly Velazquez at (321) 287 - 4468 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount: \$\Begin{array}{c} \pm \\$25.00 \text{ Filing Fee} & \Boxed \\$30.00 \text{ Filing Fee} & \Boxed \\$55.00 \text{ Filing Fee} & \Boxed \\$60.00 \text{ Filing Fee} & \Boxed \\$Certificate of Status & Certified Copy & Certificate of Status	
(additional copy is enclosed) Certified Copy (additional copy is en	

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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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UOSIVS CROTIONS LLC (Name of the Limited Liability Compa	ny as it now appears on our records.)	<u> </u>		
(A Florida Limited I	ny as it now appears on our records.) Hability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 09 03 202	4 and assigned		
Florida document number <u>L24000384348</u> .	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
LUXE Social-Everts LLC— The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	r the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	6772 Thomas Je			
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 3280			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		 		
Hunng daress HAT DE AT ONT OFFICE DOM		·		
	J			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registere		
agent and/or the new registered office address here.				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	Flori	da		
	Ciţi	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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	New	Mam	e "1	uxe	Social	Events	LLC"	
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(If an e <u>Note:</u>	ffective date is list. If the date in:		t be specific a ock does not	ind cannot be pr t meet the app	licable statutory	or more than 90 day	(optional) s after tiling.) Pursuan is, this date will not	
If the reco		delayed effective	e date, but n	ot an effective	c tîmc. at 12:01 a	.m. on the earlier	of:(b) The 90th d	ay after the
Dated	Septem		Signatur W	202 W	thorized represent	ative of a member		_
		Jash	4 Mc	une Ve Typed or pr	<u>Lazavez</u> inted name of sign	ce	·····	