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SECKETARY OF STATE
TALLAHASSEES TATE

COVER LETTER

O: Registration Section Division of Corporations
SUBJECT: LUX Dream Vacation Club 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:
DeMarcus Hough Name of Person Lux Dream Vacation Club LLC
Firm/Company 3481 NW 13 th St Address
Pompano Beach FL 33069 City/State and Zip Code Luxdream vacation club @ gmail.com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
DelMarcus Hough at (561) 306 9762 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lux Dream	Vacation		<u>p LLC</u>		
(Name of the Limited (A	Liability Company as it r Florida Limited Liability (gow appears on our re Company)	ecords.)		
The Articles of Organization for this Limited Liab	925	led on 117	a024 a	nd assign	ed
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of th	ne limited liability cor	mpany here:			
The new name must be distinguishable and contain the word	ls "Limited Liability Comp	pany," the designation	"LLC" or the abbrevial	ion "L.L.C	-
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A			SE CA	20 24 N O	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		AHASSEE, FL	V 25 PM 2: 23	m
B. If amending the registered agent and/or regi agent and/or the new registered office address b		on our records, <u>e</u>	nter the name of t	he new re	egistered
Name of New Registered Agent: New Registered Office Address:	Candace 2481 Nu Pompano	Enter Florida street a	19h St ddress , Florida 330 Zip	O 6 Code	<u> </u>
	O.i.,		7.47		

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

' Title	<u>Name</u>	Address	Type of Action
CEO	Kernisha Florence	2831 E Oakland Park Blu	<u>od</u> □Add
		Fort Lauderdale FL	Remove
		33300	□Change
CEO	DeMarcus Hough	2831 E Oakland Park Bl	/d DAdd
		Suite 9 # 1044	□Remove
		Fort Lauderdule, FL 3330	<u>6</u> □Change
iut horized	Terry Hirschberg	900 NE 7th St	_ LVAdd
Representa	1110	Pompano Beach, 33060	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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			□Change

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(If an ef Note:	tive date, if other than the date of filing:
f the reco ecord is f	rd 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 iled.
Dated	Nov. 19 2024.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00