

5/6/24, 1:27 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

M2400005904

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000164550 3)))



H240001645503ABC.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FILINGS, INC.

Account Number : 072720000101

Phone : (954)791-2100

Fax Number : (866)583-4117

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THE LUXURY LIFE INVESTMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 MAY -6 AM 11:27

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MAY 08 2024

K. Brumley

H24000164550

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: The Luxury Life Investment, LLC

Enter new principal office address, if applicable: 3470 East Coast Avenue

(Principal office address
MUST BE A STREET ADDRESS)

Unit PH203

Miami, Florida 33137

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

3470 East Coast Avenue

Unit PH203

Miami, Florida 33137

2. The Florida document number of this limited liability company is: M24000005904

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: February 26, 2024

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "L.L.C.")

6. If amending the registered agent and/or registered officer 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

Florida

City

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 505, 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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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Stefania Riverin	3470 East Coast Avenue, Unit PH203	☒ Add
		Miami, Florida 33137	☐ Remove
MGR and MBR	Stefania Riverin	6039 Collins Avenue, Ste 708	☐ Add
		Miami Beach, Florida 33140	☒ Remove
AMBR	Mark Minassian	3470 East Coast Avenue, Unit PH203	☒ Add
		Miami, Florida 33137	☐ Remove
MGR and MBR	Mark Minassian	6039 Collins Avenue, Ste 708	☐ Add
		Miami Beach, Florida 33140	☒ Remove
MGR and MBR	Rahim Thawel	6039 Collins Avenue	☐ Add
		Suite 708	
		Miami Beach, FL 33140	☒ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

S

STEFANIA RIVERIN

Signature of the authorized representative

Stefania Riverin, Authorized Member

Typed or printed name of signer

Filing Fee: \$25.00

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