

PA3000000651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

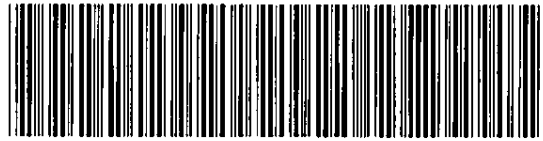
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/23/23--01013--014 **35.00

10/23/23 12:21 PM

ML



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2023

JUSTIN H SOLER
8350 NW 52ND TERRACE SUITE 301
MIAMI, FL 33166

SUBJECT: GRIT LUXE DESIGNS INC
Ref. Number: P23000006651

We have received your document for GRIT LUXE DESIGNS INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check one of the adoption of amendment boxes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 623A00025156

Please return your document, along with a copy of this letter,
within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your
document, please call (850) 245-6050.

Morgan E Lovett
Regulatory Specialist II Letter Number: 623A00025156

www.sunbiz.org
Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida
32314

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. OFFICERS
7. LIST
ENTER SELECTION AND CR:

11/16/2023

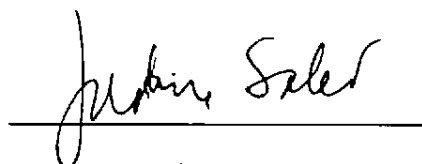
To Amendment Section:

This is a follow up in regards to the rejecting filing on 10/30/23 for a pending amendment.


Document # P23000006651

GRIT LUXE DESIGN INC

The payment has been already entered on the system and the application attached to this letter corrected. Please process. Thank you!



Justin H Soler

 **COPY**
CK 6336

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GRIT LUXE DESIGNS INC

DOCUMENT NUMBER: P23000006651

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUSTIN H SOLER

Name of Contact Person

GRIT LUXE DESIGNS INC

Firm/ Company

8350 NW 52ND TERRACE SUITE 301

Address

MIAMI, FL 33166

City/ State and Zip Code

4GLOBALCORP@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUSTIN H SOLER

Name of Contact Person

at (786) 878-2598

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

GRIT LUXE DESIGNS INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P23000006651

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

8350 NW 52ND TERRACE

SUITE 301

MIAMI, FL 33166

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

8350 NW 52ND TERRACE

SUITE 301

MIAMI, FL 33166

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent JUSTIN H SOLER

8350 NW 52ND TERRACE SUITE 301

(Florida street address)

New Registered Office Address: MIAMI, Florida 33166
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>X</u> Change	<u>P</u>	<u>JUSTIN H SOLER</u>	<u>8350 NW 52ND TERRACE</u>
<u> </u> Add			<u>SUITE 301</u>
<u> </u> Remove			<u>MIAMI, FL 33166</u>
2) <u> </u> Change	<u>P</u>	<u>IDAEL PINEIRO</u>	<u>7900 OAK LN SUITE 400</u>
<u> </u> Add			<u>MIAMI LAKES, FL 33016</u>
<u>X</u> Remove			
3) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
4) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
5) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
6) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

[illegible]

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____
(voting group)"

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

10/18/2023
Dated _____

Signature Justin Soler
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

JUSTIN H SOLER

(Typed or printed name of person signing)

President

(Title of person signing)