# Pa300015431

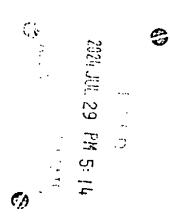
(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	· #)
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07/29/24--01026--023 \*\*43.75



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION: LUXE	Diamones	For A	II Inc.	
DOCUMENT NU	JMBER: 723000	0015431			
The enclosed Artic	cles of Amendment and fed	e are submitted for fili	ng.		
Please return all co	orrespondence concerning	this matter to the follo	owing:		
		Nisan	Aba		
		Name of Co	ontact Person		
	Luxe	Diamones	For	~2 11A	<u>.                                    </u>
	20355 1			Suite	اط که 8
	Diles Auca	, FL	dress		
	nisan abadic	City/ State a	and Zip Code <b>∖. Co™</b>		
For further inform	ation concerning this matte	r, please call:			
Nisan		at (	646	236-	4397
Na	me of Contact Person		Area Cod	e & Daytime Tele	phone Number
Enclosed is a chec  S35 Filing Fee	k for the following amount  S43.75 Filing F			rtment of State:	Fee
	Certificate of St		Copy Leopy is	Certificate of Certified Copy (Additional Copy is enclosed)	Status V
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Divisior The Ce 2415 N	Address ment Section n of Corporations ntre of Tallahass . Monroe Street. ssee, FL 32303	

### Articles of Amendment to Articles of Incorporation οf

	Luxe	Dlan	240m	for	All	Inc.		
	( <u>Name of</u>	Corporation	n as currei	ntly filed with	the Flor	ida Dept. of Sta	<u>te</u> )	
		653	0000	15431				
		(Docume	nt Number	of Corporation	on (if knov	wn)		
Pursuant to the provits Articles of Incor	visions of section 607.1 poration:	006, Florida :	Statutes, th	is <i>Florida Pro</i>	ofit Corpo	ration adopts the	e following a	mendment(s) to
A. If amending na	ame, enter the new nar	ne of the cor	poration:					
Luxe	Diamonds	For	1/4	Inc.			77	he new
"Inc.," or Co.," o	guishable and contain to the designation "Co essional association," o	rp," "Inc,"	or "Co".	A profession				
	icipal office address, if Idress <u>MUST BE A ST</u>		RESS )		·			
						168	202	<b>3</b> 
	iling address, if applic ss <u>MAY BE A POST O</u>		)				4 JUL 29	· ·
	e registered agent and agent and/or the new				ida, enter		<b></b> .	<u></u>
	- · · · · · · · · · · · · · · · · · · ·			<del></del>		,	D)	
<u>Name of N</u>	ew Registered Agent	Nisan	4/2	~				
	_		(Florida .	strect address)				
New Regist	tered Office Address:					Florida	a	
			_	(City)			(Zip Code	2)
	gent's Signature, if cha appointment as register	red agent. 1	am familia	r with and acc			position.	
	/	Signati	ure of New	Registered A	gent, if ch	unging		

### Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	9	Nisan Aba	20355 NE 34th C
Add			suite 1928
Remove			Mentina, Er 33180
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach <i>additional</i> .	Iding additional Art sheets, if necessary).	(Be specific)			
				<u> </u>	
				<del>_</del>	
					<u> </u>
					•
7					
<del></del>					<del></del>
an amendment	provides for an excl	tange, reclassifica	ition, or cancella	tion of issued sha	ires,
rovisions for im (if not applica	plementing the ame able, indicate N/A)	ndment it not cor	ntained in the am	sendment itsell:	
(9	,				
					<del></del>
<del></del>					

The date of each amendment(s) adopti- late this document was signed.	on:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Departm	does not meet the applicable statutory filing requirements, nent of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without sharehold	er action and shareholder
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amend ont for approval.	lment(s)
	d by the shareholders through voting groups. The following , voting group entitled to vote separately on the amendments	
"The number of votes cast for th	e amendment(s) was/were sufficient for approval	
by Nisan Abo	••√	
	(voting group)	•
2/23/2	, u	
Dated 7/23/2		
Signature /	//au	
(By a directo selected, by	r, president or other officer – if directors or officers have not an incorporator – if in the hands of a receiver, trustee, or other duciary by that fiduciary)	
	Nisan Abuer (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION: LUXE	Diamones	For 1411	Inc.	
DOCUMENT NU	MBER: <u>723000</u>	0015431			
The enclosed Article	les of Amendment and fe	e are submitted for fili	ng.		
Please return all co	rrespondence concerning	this matter to the follo	wing:		
		Nisan	Aba		
	<del></del>	Name of Co	ntact Person		<del></del>
	luxe	Diamones Firm/C	For 1	11 E ~ c	·
					_
	70322	NE 34"		Suite	\ <i>q</i> \28
	Aventura	FL ^Add	Iress 33180		
		City/ State a	nd Zip Code	<u> </u>	
For further informa		to be used for future ar		fication)	<del></del>
Nisan	_	·	646	236-5	4397
	ne of Contact Person	at (_		Daytime Teler	
Enclosed is a check	for the following amoun		Florida Departm		
□ \$35 Filing Fee	▼\$43.75 Filing & Certificate of S		opy copy is	\$52.50 Filing I Certificate of S Certified Copy (Additional Co is enclosed)	tatus
A D P	Mailing Address mendment Section division of Corporations O. Box 6327 allahassee, FL 32314		The Centre	it Section Corporations e of Tallahasse Ionroe Street,	