P23000030801

| (Requestor's Name) |
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| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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June 23, 2025

MR. BENABID LUXURY HOME CORP A & T ACCOUNTING AND TAX SERVICE, INC 7098 BONITA DRIVE MIAMI BEACH, FL 33141 US

SUBJECT: MR. BENABID LUXURY HOME CORP

Ref. Number: P23000030801

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$0.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a Florida Not for Profit Corporation amendment, but your entity is a Florida Profit Corporation amendment. Please complete and return the enclosed blank form(s).

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.

Mary C Malone Amendment Section

Letter Number: 325A00013654



COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION | MR. BENABID LU ON: | XURY HOME CO | RP | | |
|------------------------------|---|---|----------|--------------------|--|
| | P23000030801 | | | | |
| DOCUMENT NUMBER: | | | | | |
| The enclosed Articles of An | nendment and fee are sub | omitted for filing. | | | |
| Please return all correspond | ence concerning this mate | ter to the following: | | | |
| ELIANA CATANZARITI | | | | | |
| | | (Name of Contact | Person) | | <u>. </u> |
| A & T ACCOUNTING AN | D TAX SERVICE, INC | | | | |
| | | (Firm/ Compa | iny) | | |
| 7098 BONITA DRIVE | | | | | |
| | | (Address) | | | |
| MIAMI BEACH, FLORID. | A 33141 | | | | |
| | | (City/ State and Zi | p Code |) | |
| ATTAXGROUPI@AOL.C | СОМ | | | | |
| <u> </u> | -mail address: (to be use | d for future annual i | report n | otification |) |
| For further information con- | cerning this matter, please | e call: | | | |
| ELIANA CATANZARITI | | | 305 | | 868-5365 |
| | (Name of Contact Person | | | a Code) | (Daytime Telephone Number) |
| Enclosed is a check for the | following amount made p | payable to the Florid | la Depai | tment of | State: |
| □ \$35 Filing Fee | ■\$43.75 Filing Fee & Certificate of Status | ☐\$43.75 Filing Fe Certified Copy (Additional copy enclosed) | | Certifi Certifi | Filing Fee cate of Status ed Copy ional Copy is sed) |

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment **Articles of Incorporation** of

| MR.BENABID LUXUI | | | | | |
|--|----------------------|-----------------------------|----------------------------|---------------------------------|---------------------------------------|
| (Name of Corporati | on as currently f | <u>led with the</u> | <u>Florida D</u> | ept. of State) | |
| P23000030801 | | | | · . | |
| (Docur | nent Number of C | orporation (| f known) | | |
| Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation: | a Statutes, this Fla | rida Profit (| Corporation | n adopts the fo | llowing amendment(s) to |
| A. If amending name, enter the new name of the c | orporation: | | | | |
| MR.BENABID LUXUR | Y CORP. | | | | The new |
| name must be distinguishable and contain the word "c". "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre | " or "Co". A p | ipany." or " rofessional | incorporate corporation | ed" or the abbi in name must | eviation "Corp.," contain the word |
| B. Enter new principal office address, if applicable | P: | 1508 E | BAY ROA | AD, SUITE | E N1409 |
| (Principal office address MUST BE A STREET ADDRESS) | | MIAMI | BEACH, | FLORIDA | A 33139 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u>)X</u>) - | | | | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered | | s in Florid <u>a</u> | enter the | name of the | |
| Name of New Registered Agent | BENABID, | HASSAN | _A | | |
| | 1508 BAY | | SUITE | N1409 | |
| New Registered Office Address: | MIAMI BE | ACH | | Florida_3 | |
| | (Cin | | | | (Zīp Code) |
| New Registered Agent's Signature, if changing Reg | pistered 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

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)

Example:

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 | | | |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| The date of each amendment(s) adoption | 1: 01/01/2025 | , if other than the |
|--|--|--|
| date this document was signed. | | |
| Effective date <u>if applicable</u> : 04/1 | 7/2025 | |
| | (no more than 90 days after amendment fil | le date) |
| Note: If the date inserted in this block document's effective date on the Departme | oes not meet the applicable statutory filing requient of State's records, | rements, this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were adopted b action was not required. | y the incorporators, or board of directors without | shareholder action and shareholder |
| ∑ The amendment(s) was/were adopted b by the shareholders was/were sufficien | y the shareholders. The number of votes cast for t for approval. | the amendment(s) |
| | by the shareholders through voting groups. The footing group entitled to vote separately on the amount | |
| "The number of votes cast for the | amendment(s) was/were sufficient for approval | |
| by BENABID, HA | SSAN" | |
| | (voting group) | |
| Dated 04/17/20 Signature | Ha | |
| selected, by a | president or other officer – if directors or officer in incorporator – if in the hands of a receiver, trust inciary by that fiduciary) | s have not been see, or other court |
| | BENABID, HASSAN | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |