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A. BUTLER
DEC 1 5 2021

COVER LETTER

Registration Section
Division of Corporations

TO:

VC LUXU SUBJECT:	RIOUS, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CONDERANNE, VICTOR	R	
		Name of Person	
	VC LUXURIOUS, LLC		
		Firm/Company	
	5601 COLLINS AVE, AP	Τ#1523	
		Address	
	MIAMI BEACH, FL 3314	0	
		City/State and Zip Code	
	Victorconde252@gmail.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
CONDERANNE, VICTOR		786 4199686 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 5 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Tore 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VC LUXURIOUS, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 03/25/2019 and assigned Florida document number L19000082031 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office 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 City

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Cazes, Maria Valeria	5601 COLLINS AVE. APT#1523	
		MIAMI BEACH, FL 33140	Remove
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E. Effective date, if other than the d (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep	ate of filing: be specific and cannot be price k does not meet the appl	icable statutory filing re		
f the record specifies a delayed effective record is filed.	date, but not an effective	time, at 12:01 a.m. on t	the earlier of: (b) The 9	0th day after the
Dated 26th NOVEMBER	. 2021			
S	ignature of a member or aut	horized representative of	a member	

Typed or printed name of signee

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