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COVER LETTER

TO:

	gistration Se vision of Cor					
	BLACK HORSE P&C INSURANCE LLC					
SUBJECT:	·	Name of Lim	ited Liability Company			
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspo	ndence concerning this matter	to the following:			
		NITSUGA SANCHEZ				
			Name of Person			
		BLACK HORSE P&C IN	SURANCE			
			Firm/Company			
	110 FONTAINEBLEAU BLVD UNIT 311					
		-	Address			
		MIAMI FL 33172				
			City/State and Zip Code			
		NITSUSANCHEZ@GMA	IL.COM to be used for future annual report no	ri (fantana)		
For further	information c	oncerning this matter, please c		(H)Cation)		
NITSUGA	SANCHEZ		786 4577846 at () Daytii			
Name of Person		Area Code Daytii	me Telephone Number			
Enclosed is	a check for th	ne 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 Section		Street Address: Registration Section				
Division of Corporations		Division of Corporations				
	O. Box 632		The Centre of			
13	allahassee, l	"L 32314	2410 M. Worn	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLACK HORSE P&C INSURANCE LLC	
(Name of the Limited Liability Company as it now appears on or (A Florida Limited Liability Company)	ir records.)
The Articles of Organization for this Limited Liability Company were filed on 07/05/20	and assigned
Florida document number L19000174733	ف
This amendment is submitted to amend the following:	6
A. If amending name, enter the new name of the limited liability company here:	
LUXE FINANCIAL GROUP LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designat	ion "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 agent and/or the new registered office address here:	s. enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Emer Florida stre	ret 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 capac provisions of all statutes relative to the proper and complete performance of my di	

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>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
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			Remove
			□ Change

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			· <u>-</u> -		 		
E Continue	date, if other tha	= thu data of	06/24/2020	()	t o	ptional)	
(If an effective Note: If the	e date is listed, the date inserted in	ate must be specif this block does	lic and cannot be prio	cable statutory fil	more than 90 days a	fter filing.) Pursuant t this date will not b	o 605.0207 (e listed as t
he record sp ord is filed.	ecifies a delayed e	ffective date, bu	it not an effective (time, at 12:01 a.m	, on the earlier of	: (b) The 90th day	after the
Dated	NE 24		2020				
		<i>-</i>	(VA)	\			_
		Signature	or a mymber or auth	prized representati	ve of a member		

Filing Fee: \$25.00