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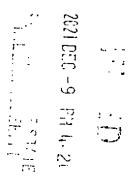
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## **COVER LETTER**

	Registration Se Division of Cor		. •			
SUBJEC		XURY GROUP, LLC		•		
SOBJEC	. I i	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
	Klara Fishman-Sitbon, Esq.					
			Name of Person			
		Law Offices of Fishman-S	litbon, P.A.			
		<del> </del>	Firm/Company			
		80 SW 8th Street, FL 20				
			Address			
		Miami, FL 33130				
			City/State and Zip Code			
		kfishman@fsplegal.com		<del>,, </del>		
For furth	er information co	n-man address: ( oncerning this matter, please c	to be used for future annual report noti all:	ncation)		
Klara Fi	shman-Sitbon		305 423-7077			
	Name o	f Person	at () Area Code Daytim	e Telephone Number		
Enclosed	Lis a check for th	ne following amount:				
<b>■ \$2</b> 5.	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 Addres Registration S		<u>Street Address:</u> Registration Sec	ction		
	Division of C	orporations	Division of Cor	porations		
	P.O. Box 632	7	The Centre of T	allahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

Tallahassee, Fl. 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ( ) OF



SUPER LUXURY GROUP, LLC

2021 DEC -9 PH 4- 2-

JOHER LONGRY GROOF, LEC		
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears imited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Con	npany were filed on 09/1	9/2019 and assigned
Florida document number <u>L19000236745</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited	d Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	office address on our rec	ords, enter the name of the new registe
agent and/or the new registered office address here:		
Name of Navy Davietered Agents		
Name of New Registered Agent:		
New Registered Office Address:	Enter blorid	la street address
	1,71107 7 107 10	a sir eer aaar ess
<del></del>	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered /		ng com
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age, being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of m nt as provided for in Ch	ny duties, and I am familiar with and capter 605, F.S. Or, if this document is
•	If Changing Registered Agen	it, 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
AMBR	Alvaro Nunez Alfaro	650 West Ave. Unit 2405	
		Miami Beach, FL 33139	□ Remove
		<del></del>	■Change
			□Add
			□Remove
			□Change
			□Remove
			□Add
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`an effe <u>√ote:</u>	ective date is listed, If the date inserte	r than the date of the date must be spec- ed in this block does to on the Departme	rific and cannot s not meet th	e applicable	te of filing or mo statutory filing	(option of the control of the contro	filing.) Pursuant to 6	05.0207 ( sted as t
record Listile		yed effective date. I	but not an eff	ective time,	at 12:01 a.m. o	n the earlier of: (b	) The 90th day at	ter the
	November 30		202	<u>!</u> 1				
mea_								
Dated _					representative (			

Filing Fee: \$25.00