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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LUXURY CRECIT COnsultants UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Natasha Schiller Name of Person
The Luxury Credit Group, LLC Firm/Company
21094 Edgewater Ct. Address
Weston, FL 33332 City/State and Zip Code
The UNITED A Grail a CM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954) 918-9855 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	mpany as it now appears on our records.) (ted Liability Company)
The Articles of Organization for this Limited Liability Comp. Florida document number <u>L2100035072</u> 9	any were filed on Axy 4th 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	liability company here:
The LUXUN Credit Gro The new name must be distinguishable and contain the words "Limited L	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	PEMBIONE PINES, FL 33024
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9-103 Pines Bivd # 11108 Pembroke Pines Bivd, FL 33724
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: 8407	3 Pines Blud #11108 Enter Florida street address
Pembr	OKC. PIOCS Florida 33024 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 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 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
		<u> </u>	□ Change
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(If an <u>Not</u> e	ctive date, if other than the date of filing:
the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	d Aug 9 . 2021.
	Natama Schillar
	Signature of a member or authorized representative of a member