that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VICTOR CONDERANNE

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail : Title MANAGER Title MANAGER CONDERANNE, VICTOR Name Name FRECHOU, WILSON DANIEL 5601 COLLINS AVE 5601 COLLINS AVE Address Address APT#1523 APT#1523 City-State-Zip: MIAMI BEACH FL 33140 City-State-Zip: MIAMI BEACH FL 33140 Title MANAGER Name CAZES, MARIA VALERIA Address 5601 COLLINS AVE APT#1523 City-State-Zip: MIAMI BEACH FL 33140

Name and Address of Current Registered Agent:

CONDERANNE, VICTOR 5601 COLLINS AVE APT#1523 MIAMI BEACH, FL 33140 US

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT DOCUMENT# L19000082031

Entity Name: VC LUXURIOUS, LLC

Current Principal Place of Business:

5601 COLLINS AVE APT#1523 MIAMI BEACH, FL 33140

Current Mailing Address:

5601 COLLINS AVE APT#1523 MIAMI BEACH, FL 33140 US

FEI Number: 83-4197103

Electronic Signature of Registered Agent

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

MANAGER

Date

Date