P180000 24249

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bu	isiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
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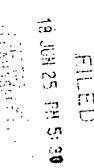
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COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: 5KYL UX CLASS INC. DOCUMENT NUMBER: P18000024249 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company 23 LODZ DR Address La ke wood NJ 08401

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Abruhan Meirovitz at (732) 753 951

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **Ø\$43.75** Filing Fee & ☐ \$35 Filing Fee **□\$43.75** Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SKYLUX CLASS INC.				•	
(Name of Corporation as curren	tly filed with the Florida I	Dept. of Sta	<u>te</u>)		
P180000 242 49					
(Document Number	of Corporation (if known)				
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporatio	# adopts the	following ame	ndmenti	(s) to
A. If amending name, enter the new name of the corporation:					
FLY LUXURE INC			v The	new	
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corp				
B. Enter new principal office address, if applicable:	GAR IAN		光	œ.	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		2.7.	===	177
				دع_ الن	:
		<u>-</u> -			
C. Enter new mailing address, if applicable:		- 0		(A)	(_)
(Mailing address MAY BE A POST OFFICE BOX)	23 LODZ	DR	<u> </u>	بب ون —	
	Lake wood	N]	08701	 	
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address		name of the	<u> </u>		
Name of New Registered Agent					
Nume of New Registered Agent					
(Florida s	treet address)				
New Registered Office Address:	·	. Florida	1		
	(City)	-	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		tions of the p	oosition.		
	Registered Joent if change				

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	<u>PT</u> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
l) Change	<u>PTD</u>	AbrahaM Meirovitz	4611 With Ave. SE
Add			Brooklyn MY 11219
✓ Remove			
2) Change	PTO	Debora Meirovitz	23 LODZ Dr
Add			Lanewad NJ
Remove			08761
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
DI AARIONE IAI INIDIENIEURIE INE BUIEI	nament it not contained in the singipalient resett.
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: date this document was signed.	
Effective date if applicable:	
Effective date in appricable.	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does a document's effective date on the Department of	of meet the applicable statutory filing requirements, this date will not be listed as the State's records.
Adoption of Amendment(s) (Cl	ECK ONE)
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amendment(s) approval.
	e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes east for the amer	ndment(s) was/were sufficient for approval
by	
no	ing group)
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder
Dated (; 19/)	.018
	ident or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other court by that fiduciary)
Abra	Typed or printed name of person signing)
Pres	(Title of person signing)
	(Title of person signing)