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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION: LUMIERE HORS	ES, INC.	
DOCUMENT NU	MBER: P19000013231		
The enclosed Articl	es of Amendment and fee are su	abmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	ANDRES E BAZO		
		Name of Contact Person	1
	RASCO KLOCK PEREZ NI	ЕТО	
	<del></del>	Firm/ Company	·
	2555 PONCE DE LEON BL	VD SUITE 600	
*	<del></del>	Address	
	CORAL GÂBLES FL 33134		
		City/ State and Zip Code	e
		,	
AB	AZO@RASCOKLOCK.COM		
	b-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
ANDRES BAZO		at (	4767100
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	ortment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
A D P.	mendment Section (vision of Corporations O. Box 6327 (tlahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State		
	)	
219000013231		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the fits Articles of Incorporation:	ollowing	; amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name word "chartered," "professional association," or the abbreviation "P.A."		breviation
3. Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	25	19
	<u></u>	- FE
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	333	12 01
new registered agent and/or the new registered office address:	721	2
Name of New Registered Agent	<del></del>	<del>ෆ</del>
	)	0
(Florida street address)		
New Registered Office Address: , Florida	(Zıp C	<del></del> _
New Registered Office Address. (City)		

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	PT	John Do	<u> </u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	D		CONTRERAS, MARIELA	2555 PONCE DE LEON BLVD
X Add				SUITE 600
Remove				CORAL GABLES FL 33134
2) Change	<del></del>	_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	<del></del>	_		
Add				
Remove				
6) Change		_		
Add				
Ramova				

	ding additional Art sheets, if necessary).	(Be specific)			
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f an amandmant i	provides for an excl	kanaa raalaesifian	tion or concellation	on of icound charac	
provisions for im	plementing the ame	endment if not con	tained in the amer	idment itself:	2
	able, indicate N/A)				
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The date of each amendment(s) adopti- date this document was signed.	on:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file da	ite)
Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast for the a ent for approval.	mendment(s)
	d by the shareholders through voting groups. <i>The follow voting group entitled to vote separately on the amenda</i>	
"The number of votes east for th	ne amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and	l shareholder
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and sha	reholder
02/08/2019		
Dated		
selected, by appointed in	or, president or other officer – if directors or officers have an incorporator – if in the hands of a receiver, trustee, of duciary by that fiduciary)  ORES E BAZO	
<del>-</del>	(Typed or printed name of person signing)	
INC	ORPORATOR	

(Title of person signing)