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## **COVER LETTER**

TO: Amendment Section #

Amendment Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

Division of Corporations Luxury Outdoor Design, Inc. NAME OF CORPORATION **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Robert Anastasi Name of Contact Person Luxury Outdoor Design, Inc. Firm/ Company 601 S. Federal Highway, #26 Address Lake Worth, Fl. 33460 City/ State and Zip Code rlanastasi@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee **□\$43.75** Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address

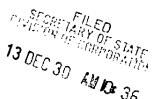
Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of



Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  B. 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)  D. If amending the registered agent and/or registered office address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address:  (City)  (City)  (Zip Code)	(Document Number of Corpo	oration (if ki	nown)	· · · · · ·		-
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  B. 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)  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address.  Florida		utes, this <i>Flo</i>	orida Profit Co	<i>rporation</i> add	opts the followin	g amendment(s) to
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  B. 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)  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  Name of New Registered Agent  (Florida street address)  New Registered Office Address: , Florida	A. If amending name, enter the new name of the corpora	ation:				
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Name of New Registered Agent  (Florida street address)  New Registered Office Address:  New Registered Office Address:  , Florida				<u> </u>	····	_
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(Florida street address)  New Registered Office Address:, Florida						
New Registered Office Address:, Florida	Name of New Registered Agent					
New Registered Office Address:, Florida						
	0	Florida street	address)			
(0.9)	New Registered Office Address:	(City)		, Florida_	(Zin Code)	-
		(0.9)			(2.0 0000)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.			h and accent ti	he obligations	of the position.	

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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
Change	D		Robert Coggins	2041 N. 61st Ave.
Add		_		Hollywood, Fl. 33024
Remove				
2 Change		_		
Add				
Remove				
3 Change		<b></b>		
Add				
Remove				
4 Change		_		
Add			·	
Remove				
5 Change				
Add				
Remove				
6 Change		<del></del>		
Add				
Remove				

f amending or adding additional Artic Attach <i>additional sheets, if necessary).</i>	(Be specific)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	THE THE SOURCEMENT THE ATTENDED TO THE TOTAL

The date of each amendment(s) adoption:date this document was signed.	_, if other than the
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voing group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Am and	
(By a director, president or other officer – if directors or officers have not been	<del></del>
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Robert Anastasi	
(Typed or printed name of person signing)	
President	<del>_</del>
(Title of person signing)	