P11000059012

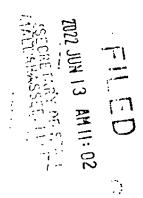
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: LUXURY CONTracting Service Inc DOCUMENT NUMBER: P11000059012 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: John Wiltie
Name of Contact Person Firm/ Company 5T petersburg, FL 33711 City/State and Zip Code John Wiltze 99@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (727) 320-7145

Area Code & Davtime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee

Certified Copy

enclosed)

(Additional copy is

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address

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

Certificate of Status

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment

to Articles of Inco	maration
of	poration
Luxury Contracting	Service Inc.
(Name of Corporation as currently	
P11000059	
(Document Number of C	· · · · · · · · · · · · · · · · · · ·
(170cminent Number of C	corporation (ii known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "cor "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association." or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable;	Eg B M
(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 new registered agent and/or the new registered office address: Name of New Registered Agent	is in Florida, enter the name of the
- And the state of	——————————————————————————————————————
(Florida street	address)
New Registered Office Address:	Florida
(C	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	
Signature of New Reg	istered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>ı Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	\checkmark	chastes Hurd	4908 Seminal: Ave
<u> </u>			winterpalk, FL 32792
Remove		_	
2)Change	CEO	Daniel Knapp	4656 915 ave 5
_ Add		, ,	St petushing, FL33711
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)		
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	·····		
an amendment provides for an exc	hango reclassification (r cancollation of issued	charac
rovisions for implementing the am			
(if not applicable, indicate N/A)	_		
1 charles herd	155 ved 10	% of Sha	<u>res</u>
V charles hurd Eo Paniel Kna	135 ved	10% of	Shares.
	1	100	
	 		 .
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The date of each amendment(s) adoption: date this document was signed.			, if other than the
Effective date <u>if applicable</u> :			
<u>ppmaou</u>	(no more than 90 days o	fter amendment file date)	
Note: If the date inserted in this block document's effective date on the Departmen	es not meet the applicable state of State's records.	atutory filing requirements, this date wil	il not be listed as the
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of	directors without shareholder action and	l shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The numbe for approval.	er of votes cast for the amendment(s)	
☐ The amendment(s) was/were approved by must be separately provided for each voi	the shareholders through voing group entitled to vote sep	ting groups. The following statement parately on the amendment(s):	
"The number of votes cast for the a	mendment(s) was/were suffic	ient for approval	
by			
1	voting group)		
Dated 6-4-7	A William		
Signature //g	H win		
		lirectors or officers have not been of a receiver, trustee, or other court	
	ary by that fiduciary)	or who will business of other country	
-	John H. U	U.132	
	(Typed or printed name of	person signing)	
	President		
	(Title of person signing)		