## P110000 92043

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LALBRITTON

## **COVER LETTER**

**TO**: Amendment Section Division of Corporations

NAME OF CORPORAT	10N: _DG (U)	CULIES & NE	CESSITIES I TNC
DOCUMENT NUMBER	P1100009	12043	
The enclosed Articles of A.	mendment and fee are su	ibmitted for filing.	
Please return all correspond	dence concerning this ma	atter to the following:	
	Dai	niel bouz	aler
		Name of Contact Person	n 🌙 .
	DBA: LUX	Hurrican	e shutters
	•	Firm/ Company	
	6001 3	SW 93KD	CT H/AMI FL/33/73
	<del></del>	Address	
	•		
		City/ State and Zip Cod	e
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	UXANE NECE	essities 29v sed for future annual report	mail.com
	1)-man address, (to be u	sed for future annual report	. noulication)
For further information con	cerning this matter, plea	se call:	
/	_ 1	21	
Janiel 60 Name of Co	uzalez	at (_786_	_, 378 - 9690
Name of Co	ntact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment of State:
\$35 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)
Division ( P.O. Box	ent Section of Corporations	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

of ANTICESTIFE INIC

DG LOXURIES & NECESS	
(Name of Corporation as currently filed with the PIIDOD 92043	Florida Dept. of State)
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit C</i> 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 "inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional c "chartered," "professional association," or the abbreviation "P.A."	icorporated or the abbreviation "Corp.," orporation name must contain the word
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)	
	2
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	
(l·lorida street address)	
New Registered Office Address:	, Florida
(City)	(Z.p Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept to	he abligations of the position
\	ic congulation by the personal
C:	C.L.
Signature of New Registered Agent,	ij cnanging
Check if applicable  The amondment(s) islam being filled purposen to a 607 0120 (11) (a) E.S.	
☐ 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.

X Change	PT John	n Doe	
X Remove	Y Mik	te Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1)Change	MRS.	Zara Vasquez	6001 SW 9340 CT
Add		·	HIAMI FL, 33173
Remove			
2) Change			
Remove Change			
Add			
Remove			
4)Change			
Add			
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5)Change		<del></del>	
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6) Change			
Add			
Remove			

	s, if necessary).	ticles, enter change(s) here: (Be specific)
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un umandmant neadi	da. for an arab	hange, reclassification, or cancellation of issued shares.
rovisions for impleme	enting the ame:	endment if not contained in the amendment itself:
(if not applicable, i	ndicate N/A)	
	-	
<del></del>	<del> </del>	
		. \ \\
		,

	ch amendment(s) adoption:, if other the
date this docum	nent was signed.
Effective date	if applicable: 8 - 1 - 20
	if applicable: 8 - 1 - 20 (no more than 90 days after amendment file date)
	ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ective date on the Department of State's records.
Adoption of A	mendment(s) (CHECK ONE)
The amenda	nent(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder not required.
	ment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) cholders was/were sufficient for approval.
must be sep	ment(s) was/were approved by the shareholders through voting groups. The following statement carately provided for each voting group entitled to vote separately on the amendment(s):  number of votes cast for the amendment(s) was/were sufficient for approval
by	
·	(voting group)
	Dated 8-1-20 Signature Daniel Consales
	Signature Daniel bouzales
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court
	appointed fiduciary by that fiduciary)
	Daniel Gonzalez
	Danie Gonzalez (Typed or printed name of person signing)