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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section

Division of Corp	orations		
NAME OF CORPO	RATION: COUSIN	Lucy Real (state Inc.
DOCUMENT NUM	BER: <u>7120</u>	000031201	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
	<u> </u>	Name of Contact Person	<i></i>
	Coastan	Luxun Ro	eal Estate Inc.
		Firm/ Company	
	9961 2	Firm/ Company County H	ry 30A Suite 1
			,
	Panama City	Beach FL City/ State and Zip Code	- 32413
		City/ State and Zip Code	:
	60:00	cost. Olayan	
	E-mail address: (to be us	coastalluxumed for future annual report	notification)
	·	·	*
For further informatio	n concerning this matter, pleas	e call:	
Matt	Walker		, 460-4513
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	r the following amount made p	numble to the Florida Dena	riment of State:
	t the following amount made p	sayable to the Florida Depa	Timent of State.
\$35 Filing Fee	☐S43.75 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)
6 0	::	C+	A 4.4
	iling Address endment Section		Address ment Section
	sion of Corporations		n of Corporations
P.O	. Box 6327	Clifton	Building
Tall	ahassee, FL 32314	2661 E:	xecutive Center Circle

Tallahassee, FL 32301

Alla UNIVERSITATION OF THE STATE OF THE STAT Articles of Amendment to Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept. of State) 00003120 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to 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 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 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.

Signature of New Registered Agent, if changing

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> John	<u>l Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)Change	V/D	Jon Oden	8 Lichen Ln
X Add	•		Santa Posa Black, F
Remove	\ /	// 1/	32459
2) Change		Hanna Oden	8 Lichen Ln
_X Add			Santa Zosa Beach, FL
Remove			32459
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	_		
Add			
Remove			

Attach additional sheets,	if necessary). (Be	enter change(s) here: specific)			
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f an amendment provid provisions for implement (if not applicable, in	nting the amendmen	reclassification, or c nt if not contained in	ancellation of issue the amendment its	ed shares, self:	
					-
			.		. <u> </u>
					···
					····

The date of each amendment(s) a	doption: 5/30/17	, if other than the
date this document was signed.	· //	
Effective date <u>if applicable</u> :	5/30/18 (nb more than 90 days after amendment)	
	(nb more than 90 days after amendme	ent file date)
Note: If the date inserted in this lead ocument's effective date on the De	plock does not meet the applicable statutory filing epartment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes east officient for approval.	for the amendment(s)
	proved by the shareholders through voting groups. To each voting group entitled to vote separately on the	
"The number of votes cast	for the amendment(s) was/were sufficient for appro	val
by	(voting group)	"
	(voting group)	
☐ The amendment(s) was/were ad- action was not required.	opted by the board of directors without shareholder	action and shareholder
action was not required.	opted by the incorporators without shareholder actio	
Dated	5/30/18	ı A
Signature		
selecte	irector, president or other officer - if directors or of d, by an incorporator - if in the hands of a receiver, ted fiduciary by that fiduciary)	
	ERIN ODEN	
	(Typed or printed name of person signing	ng)
	CEO	
	(Title of person signing)	