## P12000089290

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SECRETARY OF STATE

ALLAHASSEE, FLORIDA

DEC 18 2012

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: LUX	ury Home Care, Inc				
DOCUMENT NUMBER: P12000	0089290				
The enclosed Articles of Amendment an					
Please return all correspondence concerr	ning this matter to the following:				
Ernst Euge	ene				
	Name of Contact P	erson			
Luxury Ho	me Care, Inc				
<del></del>	Firm/ Compan	у			
117 Semir	nole Lakes Drive				
	Address				
Royal Palr	n Beach, FL 33411				
	City/ State and Zip	Code			
ornetougono1	@yahaa cam				
ernsteugene1	ess: (to be used for future annual re	eport notification)			
E-man addre	ss. (to be used for fature aimain re	port normalion)			
For further information concerning this r	matter, please call:				
Ernst Eugene	at (561	324-2157			
Name of Contact Person		a Code & Daytime Telephone Number			
Enclosed is a check for the following arr	ount made payable to the Florida	Department of State:			
■ \$35 Filing Fee □\$43.75 Fil Certificate	<del>-</del>	Certificate of Status			
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ons Di	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

## Articles of Amendment to Articles of Incorporation of

Luxury Home Care, Inc	
(Name of Corporation as currently filed with the	Florida Dept. of State)
P12000089290	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre	
NI/A	<del>33.</del>
Name of New Registered Agent	
(P)	
NI/A	street address)
New Registered Office Address: N/A (Cit	, Florida
(Cri	y) (Zip Code)
	· ve
New Registered Agent's Signature, if changing Registered Agen	
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position!
Clare Children	
Signature of New Registered	1 Agent, 17 changing
	70: N

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> <u>J</u>	John Doe					
X Remove	<u>v</u> <u>1</u>	Mike Jones					
X Add	<u>sv</u> <u>s</u>	Sally Smith					
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s				
1) Change	VP	Myrianne Devert	117 Seminole Lakes Drive				
XAdd			Royal Palm Beach, FL				
Remove			33411				
2) Change	D	Gerald Nerard	117 Seminole Lakes Drive				
X Add	· · · · · · · · · · · · · · · · · · ·		Royal Palm Beach, FL				
Remove			33411				
3 ) Change							
Add							
Remove							
4) Change							
Add							
Remove							
5) Change	<del></del>						
Add							
Remove							
6) Change	<del>// </del>						
Add							
Remove							

Attach <i>aaal</i> A	itional sheet	s, ij necess	ary). (B	e specific	7				
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<u>f an amen</u>	dment prov s for impler	<u>vides for a</u>	n exchang	<u>te, reclass</u>	<u>sification.</u>	or cancells	tion of issu	<u>ied shares.</u> teolf:	ı
<u>provision:</u> ( <i>if no</i> t	t applicable,	indicate N	<u>e amendu</u> //A)	tent n no	t containe	u m the an	<u>itendilitent i</u>	isen.	
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The date of each amendment(s) adop	tion: 12/11/12
NI/A	
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.
	red by the shareholders through voting groups. The following statement is the 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)
	(voting group)
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and shareholder
	etor, president or other officer – if directors or officers have not been
	y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
••	
E	rnst Eugene
	(Typed or printed name of person signing)
Р	resident
<del></del>	(Title of person signing)