(Re	equestor's Name)		
(Ad	idress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	⇒ #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
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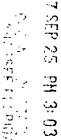


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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: LULY DESIGN STUDIOS DOCUMENT NUMBER: P13000057538
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
NICHOUNT DEJESU Name of Contact Person Lute Design Studios Firm/Company 2151 FASI Lommercial Blud Suite 30 Address Ft Lunder tall F1 33308 City/ State and Zip Code NICKO Wycdesign Studios - Company E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (305), 989-975 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clitton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to Articles of In		
Luxe Dosis		Inc.
(Name of Corporation as cursor	tly filed with the Florida Dept. of	State)
113000057532	\$	
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopt	s 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"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		SEP TI
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		်း မှာ ဦး
		03
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres		<u>f the</u>
Name of New Registered Agent		
(Florida si	nver address)	
New Registered Office Address:	, Flo	orida (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT</u> <u>John Doc</u>	
X Remove	V Mike Jones	
<u>X</u> Add	<u>SV</u> <u>Sally Smith</u>	
Type of Action	<u>Title</u> <u>Name</u>	Address
(Check One) 1) Change	V taniel Martinez	3713 Paradiso Circle
Add		Kissimmee F/ 31746
Remove		
2) Change Add	V Patricia Mowry	700 Nw 73rd Terr
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		****
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

	cles, enter change(s) here: (Be specific)
<u></u>	
-	
F	a company of the comp
provisions for implementing the array	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	idificial it flot contained in the amendment tesen.
(i) in approximation that in the contract of	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wildocument's effective date on the Department of State's records.	ll not be listed as the
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 east for the amendment(s) was/were sufficient for approval	
by	
(voting 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.	
DatedSept. 18,2017	
Signature IIII	
thy 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)	
NICHOURS DEJOSU	
(Typed or printed name of person signing)	
C. D. O	
(Title of person signing)	