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COVER LETTER

TO: Amendment Section Division of Corporations

•

NAME OF CORPORATION:	L & L VIDEO STORE INC.					
DOCUMENT NUMBER:	P14(YYY)) 1433					
The enclosed Articles of Amendment and	fee are submitted for filing.					
Please return all correspondence concerni	ng this matter to the following:					
	LEYDI L. MARTINEZ					
-	Name of Contact Person					
	GLAMOUR FASHION INC.					
	Firm/ Company					
	7250 W 24 A VE SUITE 21					
	Address					
	HIALEAH, FL 33016					
	City/ State and Zip Code					
	leydilisette@hotmail.com					
E-mail addres	s: (to be used for future annual report notification)					
For further information concerning this ma	atter, please call:					
LEYDI L. MARTINEZ	786 740-9234					
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a check for the following amo	unt made payable to the Florida Department of State:					
\$35 Filing Fee □\$43.75 Filin Certificate o						
Mailing Address Amendment Section Division of Corporation P.O. Box 6327	•					
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Articles of Incorporat of

17 FED 15 411 0: 57 L & L VIDEO STORE INC. (Name of Corporation as currently filed with the Florida Dept. of State) P14000011433 (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: GLAMOUR FASHION INC. 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_ (City) (Zip Code) 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 Do	<u>xe</u>	
X Remove	Y	Mike Jo	ones .	
X Add	<u>\$V</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1)Change	MGR	_	LERIAN PERA RAMOS	924 E 24TH STREET
X Add				HIALEAH, FL 33013
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attac	ending or adding additional Articles, enter change(s) here: h additional sheets, if necessary). (Be specific) ARES DISTRIBUTION:
100 % O	F SHARES IS FOR LEYDI L. MARTINEZ (PRESIDENT)
<u> </u>	
. If an :	amendment provides for an exchange, reclassification, or cancellation of issued shares,
prov	isions for implementing the amendment if not contained in the amendment itself: if not applicable, indicate N/A)
·	N/A

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(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, to document's effective date on the Department of State's records.	his date will 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 amenda by the shareholders was/were sufficient for approval.	ment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following st must be separately provided for each 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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	cholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	er
Dated 02 10 17	
Signature	
(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 appointed fiduciary by that fiduciary)	
LEYDI L. MARTINEZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	