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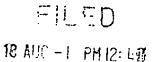
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: DELUX EVENTS	DECOR INC	
DOCUMENT NUME	D15000000614		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	MARIA E RUIZ		
		Name of Contact Person	1
	L & M ACCOUNTING SER	VICES INC	
		Firm/ Company	
	7750 SW 117TH AVE SUIT	E 201D	
	•	Address	
	MIAMI FLORIDA 33183		
		City/ State and Zip Cod	e
MAR	IAQUIROS9@HOTMAIL.C	OM	
		sed for future annual report	notification)
	,	r -	, ,
For further information	n concerning this matter, pleas	se call:	
MARIA E RUIZ		at (<u>305</u>	595-2407
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amenc Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

Articles of Amendment to

Articles of Incorporation of



DELUX EVENTS DECOR INC (Name of Corporation as currently filed with the Florida Dept. of State) P15000088614 (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_ (City) 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	JOSE I BRICENO	12020 SW 132 COURT
Add			MIAMI FLORIDA33186
X Remove			
2) X Change	P	ANA MOMPELLIER	13800 SW 143 STREET UNIT H
Add		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MIAMI FLORIDA 33186
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ending or adding additional Arti n additional sheets, if necessary).	
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	(3)	
F Hand	nmandmant provides for an exch	nange, reclassification, or cancellation of issued shares,
provi	isions for implementing the ame if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
		, <u> </u>
		· · · · · · · · · · · · · · · · · · ·
		

	07/24/2018	
The date of each amendment(s date this document was signed.) adoption:	, if other than the
Effective date <u>if applicable</u> :	08/04/2018	
Ellective date il applicable;	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date win Department of State's records.	II not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
DatedSignature	na Hombellis	
(By a selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)	_
	ANA MOMPELLIER	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	