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(Business Entity Nam	e)	
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Certificates	of Status	
s to Filing Officer:		
	(Address) (Address) (City/State/Zip/Phone WAIT (Business Entity Nam (Document Number) Certificates	

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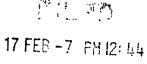
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Lurilux Inc.		
DOCUMENT NUM			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Jarvis Hall		
		Name of Contact Persor	1
	Lurilux		
		Firm/ Company	
	649 Vassar St.		
		Address	
	Orlando, FL 32804		
		City/ State and Zip Code	
halli	ar3344@gmail.com		
		sed for future annual report	notification)
	`	•	
For further information	on concerning this matter, pleas	se call:	
Jarvis Hall		at (733-5493
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	ortment of State:
■ \$35 Filing Fee	□\$43.75 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)
Am Div P.C	iling Address tendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



(Name of Corporation as curren	tly filed with the Florida Dept. of State)
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	s Florida Profit Corporation adopts the following amendme
a. If amending name, enter the new name of the corporation:	
	- The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	649 Vassar St.
(Principal office address, MUST BE A STREET ADDRESS)	Orlando, FL 32804
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	649 Vassar St.
	Orlando, FL 32804
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent	
(Florida s	treet address)
·	
New Registered Office Address:	(City), Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>
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	PT John D	Ooc	
X Remove	<u>V</u> <u>Mike J</u>	lones	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP of St	Phil Bellmany	2261 Reefview Loop
X Add			Apopka, FL 32712
Remove			
2) Change			
Add			
Remove			- to the first to
3) Change			
Add			·
Remove			, <u></u>
4) Change			
Add			
Remove			
5) Change	··············		
Add			
Remove			
6) Change			
Add			
Remove			
Kemove			

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		ellation of issued snares,	
If an amendment provides for an excl	nange, reclassification, or canc	amandment itself:	
provisions for implementing the ame	endment if not contained in the	amendment itself:	
If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the	amendment itself:	
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provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the	amendment itself:	

The date of each amendment(s)	2/3/2017 adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	3/2017	
	(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirem Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the a sufficient for approval.	amendment(s)
	pproved by the shareholders through voting groups. The following of the shareholders through voting group entitled to vote separately on the amendations.	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
_	dopted by the board of directors without shareholder action an	d shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder action action and shareholder action actio	areholder
2/3/2017		
Dated		
C't	4/0//	
Signature(By a	director, president or other officer - if directors or officers ha	ive not been
selec	sted, by an incorporator - if in the hands of a receiver, trustee,	
appo	inted fiduciary by that fiduciary)	
	Jarvis Hall	
	(Typed or printed name of person signing)	
	· VTitle of person signing)	