## P16000046539

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2017 SEP 25 AH ID: 15

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## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: INSPIRIED BY	/ MEL. INC.				
DOCUMENT NUMBER: P16000046539					
The enclosed Articles of Amendment and fee are	e submitted for filing.				
Please return all correspondence concerning this	matter to the following:				
MELISSA YIANOUKOS	3				
	Name of Contact Person				
<del></del>	Firm/ Company				
8895 FALCON POINTE	LOOP				
Address					
FORT MYERS, FLORID	A 33912				
	City/ State and Zip Code				
GRECOACCOUNTING@GMA	AIL.COM				
E-mail address: (to b	e used for future annual report notification)				
For further information concerning this matter, p	olease call:				
CARL GRECO	at (239 ) 275-7766				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount ma	ide payable to the Florida Department of State:				
\$35 Filing Fee					
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

MIT SEP 25 AM 100 1

## Articles of Amendment to Articles of Incorporation of

INSPIRED BY MEL, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P16000046539 (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: LUXE LIFE, INC. 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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) Florida New Registered Office Address: (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 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
l) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
S) Charac			
5) Change		<del></del>	
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
F. If an amendment provides for an exchange provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
N/A	

	09/15/2017	
The date of each amendment(s)	idoption:	, if other than t
late this document was signed.		
	15/2017	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	ı
Note: If the date inserted in this locument's effective date on the D	block does not meet the applicable statutory filing requirements epartment of State's records.	s, this date will not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were act by the shareholders was/were	lopted by the shareholders. The number of votes cast for the ame sufficient for approval.	:ndment(s)
	oproved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendmen	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voling group)	
	(voling group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sh	nareholder
The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareh	nolder
Dated (V)	9/20/17	
⟨Signature _ ⟨✓		
	director, president or other officer - if directors or officers have r	
	ed, by an incorporator - if in the hands of a receiver, trustee, or o	ther court
арро	nted fiduciary by that fiduciary)	
	MELISSA YIANOUKOS	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)