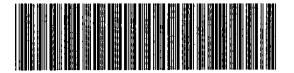
PINOQUISS

(Requestor's Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LAMOUR SWEE	TS INC				
DOCUMENT NUM	D17000047995					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	INNA ERLIKH					
		Name of Contact Person	1			
	CORONA TAX SERVICES INC					
	Firm/ Company					
	3800 S OCEAN DR STE 210	5				
	Address					
	HOLLYWOOD, FL 33019					
		City/ State and Zip Code	e			
-	E-mail address: (to be us	sed for future annual report	notification)			
For further informatio	n concerning this matter, pleas	se call:				
•		at ()			
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	artment 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building				

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LAMOUR SWEETS INC					
(Name of Corporation as current	tly filed with the Florida Dept. of State)				
P17000047885					
(Document Number of	of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)				
A. If amending name, enter the new name of the corporation:					
	The new				
name must be distinguishable and contain the word "corporatio "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 "P.A."				
B. Enter new principal office address, if applicable:	17100 N BAY RD APT 1913				
(Principal office address MUST BE A STREET ADDRESS)	SUNNY ISLES, FL 33160				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	17100 N BAY RD APT 1913				
(Mailing address MAY BE A POST OFFICE BOX)	SUNNY ISLES, FL 33160				
	001111 10000, 10 00100				
D. If amending the registered agent and/or registered office add	dress in Florida, enter the name of the				
new registered agent and/or the new registered office addres					
Name of New Registered Agent					
	26				
(Florida st	treet address)				
New Registered Office Address:	SFlorida				
	(City) Sin (Zip Code)				
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar					
The second secon	, , , ,				
·					
	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 Do	<u>e</u>		
X Remove	<u>v</u>	Mike Jos	ne <u>s</u>		
X Add	<u>sv</u>	Sally Sm	n <u>ith</u>		
Type of Action (Check One)	Title		Name		<u>Addres</u> s
1)Change				-	
Add					
Remove					
2) Change		_	<u></u>	-	
Add					
Remove					
3) Change		_		_	
Add					
Remove					
4) Change			-, .	_	
Add					
Remove					-
5) Change		_		-	
Add					· · · · · · · · · · · · · · · · · · ·
Remove					
Channe					
6) Change				-	
Add					
Remove					

(Attach addit	ional sheets, if necess	ary). (Be specifi	ic)			
						
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	-					
						
						
						
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	•				*	
provisions	ment provides for an for implementing the applicable, indicate N	e amendment if n	ssification, or car ot contained in t	ncellation of issue he amendment its	d shares, elf:	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
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, the document's effective date on the Department of State's records.	nis date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following standard 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	
(voing group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	holder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	er
Dated 6/20/17	
Signature	
(By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
Aleksame Shipovalenko	<u> </u>
President	
(Title of person signing)	