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## COR AMND/RESTATE/CORRECT OR O/D RESIGN LUXURY GUIDE MEDIA GROUP INC.

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	LUXURY GUIDE MEDIA GROUP INC
DOCUMENT NUMBER:	P17000073751
The enclosed Articles of Amendme	nt and fee are submitted for filing.
Please return all correspondence co.	occrning this matter to the following:
	JOHANS CHAVARRO
<del></del>	Name of Contact Person
	LUXURY GUIDE MEDIA GROUP INC
<del></del>	Firm/ Company
	1645 PALM BEACH LAKES BLVD STE 1200
~ <del>~~</del>	Address
	WEST PALM BEACH, FL 33401
	City/ State and Zip Code
	TAXRIGHT7@YAHOO.COM
E-mail a	ddress: (to be used for future annual report notification)
For further information concerning t	
JOHANS: CHAVAR	81 ( ) 310 1203
Name of Contact Per	son Area Code & Daytime Telephone Number
Enclosed is a check for the following	amount made payable to the Florida Department of State:
	Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee cate of Status (Additional copy is enclosed) S43.75 Filing Fee & Certificate of Status (Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corpo P.O. Box 6327 Tallahassee, FL 32	nations Division of Corporations Clifton Building

To.

Fax: (850) 617-6380

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## Articles of Amendment to Articles of Incorporation of

18 JUL -5 AM 7: 17

(Name of Corpor		<del></del>		
	ation as current	tly filed with the Floric	la Dept. of State	
(Do	cument Number of	of Corporation (if knows	n)	
rsuant to the provisions of section 607.1006, Flo Articles of Incorporation:	rida Stututes, this	: Florida Prafit Corport	ution adopts the fe	ollowing amendment
If amending name, enter the new name of the	corporation:			
				The new
me must be distinguishable and contain the volory.," "Inc.," or Co.," or the designation "Courd "chartered," "professional association," or t	oro, inc. or	"(ti" 4 professional	incorporated" or corporation name	the abbreviation must contain the
Enter new principal office address, if applica	ble:	1645 PALM BEAC	1645 PALM BEACH LAKES BLVD STE 1200	
rincipal office address MUST BE A STREET A	DDRESS )	WEST PALM BEA	ACH, FĹ 33401	
				-
Enter new mailing address, if applicable:		1645 PALM BEACH LAKES BLVD STE 1200		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u> )	1645 PALM BEAC	H LAKES BLV	O STE 1200
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u> )	1645 PALM BEAC	<del></del>	O STE 1200
(Mailing address MAY BE A POST OFFICE I	stered office add	WEST PALM BEA	CH, FL 33401	O STE 1200
(Mailing address MAY BE A POST OFFICE I	stered office add ed office address	WEST PALM BEA	CH, FL 33401	O STE 1200
If amending the registered agent and/or registered agent and/or the new registered	stered office add ed office address 1645 PALM BE	WEST PALM BEA	CH, FL 33401	O STE 1200
(Mailing address MAY BE A POST OFFICE I	stered office add ed office address 1645 PALM BE (Floruta str	WEST PALM BEA	CH, FL 33401	33401

Fax: (954) 633-7850

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:

Fax: (850) 817-8380

(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 = ChiefExecutive 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, Mika Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Chec's One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	<del></del>	-	
Add			
Remove			
5) Change			
Add			
Remove			
f) Change			
Add			
Remove			

To.

[ an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	(if not applicable, indicate N/A)	If amending or adding additional Art Attach additional sheets, if necessary).	(Re specific)
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A) .	provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)		
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		(if not applicable, indicate N/A)	manetre it not contained in the amendment fixers:
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		,	

The date of each amendment(s) a date this document was signed.	idoption:, if other than the
Effective date if applicable:	JULY 11 2018
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement 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 ad- action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were addaction was not required.	opted by the incorporators without shareholder action and shareholder
JULY 3. Dated	
Selecte	irector, president or other officer of directors or officers have not been d, by an incorporator - if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	JOHANS CHAVARRO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

From, Amelia Basso Fax; (954) 633-7850 To:

Fax: (850) 817-6389 Page 8 of 6 07/05/2018 3 23 PM