P17000078111

(Req	uestor's Name)	
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(City	/State/Zip/Phone	e #)
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	•	COYER	LETTER		
TO: Amendment Sect Division of Corp					MITOS 2 MADE
NAME OF CORPO	RATION: Loraly Designs, Inc	٥.			5
DOCUMENT NUM	BER: P17000078111				G.
The enclosed Articles	of Amendment and fee are sul	ا bmitted for filj	ng.		
Please return all corre	spondence concerning this mat	ter to the follo	wing:		
	Lori Barros				
		Name of Co	ontact Person		
	Lori Barros				
	4701 Buchanan Street	Firm/ (Company		
		Ad	dress		
	Hollywood, FL 33021				
		City/ State	and Zip Code		
unico	ornpainting@bellsouth.net				
	E-mail address: (to be us	ed for future a	nnual report n	otification)	
For further informatio	n concerning this matter, pleas	e call:			
Lori Barros		at (954	605-0546	
Name	of Contact Person			& Daytime Telephone Number	
Enclosed is a check for	or the following amount made p	payable to the I	 Florida Depart 	ment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43,75 Fil Certified ((Additiona enclosed)	opy ∫copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahussee, FL 32314		Division Clifton B 2661 Exc	ent Section of Corporations	

Articles of Amendment to Articles of Incorporation



Loraly Designs, Inc.

(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
P17000078111	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Lori Barros, Inc.	The new
name must be distinguishable and contain the word "corporal "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	HIA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N A
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addre	
Name of New Registered Agent A	
(Florida	street address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	
Signature of Nev	Registered Agent, if changing

address of each Officer (Attach additional sheets Please note the officer/di P = President; V = Vice Executive Officer; CFO held, President, Treasure Changes should be noted change, Mike Jones led Mike Jones, V as Remove	and/or D i, if necess irector titl President = Chief I er, Directo I in the fo aves the c	irector be ary) e by the fit; T= Trea Financial of twould be llowing me orporation	ring added: rst letter of the office to isurer: S= Secretary; Officer. If an officer! is PTD, anner. Currently John 1, Sally Smith is name	itle: D= Director: Tk director holds m 1 Doe is listed as	H F R= True ore the the PS	rector being removed and title, name, and stee; C = Chairman or Clerk; CEO = Chief in one title, list the first letter of each office ST and Mike Jones is listed as the V. There is ould be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Do	<u>e</u>	1		
X Remove	<u>V</u>	Mike Jos	n <u>es</u>	ı		
X Add	<u>sv</u>	Sally Sm	nith			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			Address
1) Change		_				
Add					,	
Remove						
2) Change		_				
Add						
Remove						
3) Change		_				
Add						
Remove						
4) Change		_				
Add						
Remove						
- (1)						
5) Change		_			•	
Add						
Remove						·
6) Change		_				
Add						

_ Remove

If amending or adding additional Articles, enter changes	(s) here: HA
(Attach additional sheets, if necessary). (Be specific)	11,1
 	
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If an amendment provides for an exchange, reclassificat provisions for implementing the amendment if not cont	ion, or cancellation of issued shares, AA
(if not applicable, indicate N/A)	Ì

9/28/2017	te a a a
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 a	lays after amendment file date)
Note: If the date inserted in this block does not meet the applicab document's effective date on the Department of State's records.	ole statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	umber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders throug must be separately provided for each voting group entitled to vot	gh voting groups. The following statement te separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were s	sufficient for approval
by(voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors wi action was not required.	ithout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators withou action was not required.	at shareholder action and shareholder
9/28/2017 Dated	- -
(By a director, president or other officer	- if directors or officers have not been ands of a receiver, trustee, or other court
Lori Barros	
(Typed or printed na	me of person signing)
President	
(Title of	person signing)