P18000029108

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A. RAMSEY
APR 302024

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Luxtanicals, Inc. DOCUMENT NUMBER: P18000029108 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michelle Davis Name of Contact Person Luxtanicals, Inc. / Olive & Mason, Inc. Firm/ Company 610 NE 15th PL Address Boynton Beach, FL 33435 City/ State and Zip Code davis.michellem@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561) 396-3177

Area Code & Daytime Telephone Number Michelle Davis Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, Fl. 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2024 APR 15 PM 2: 29 Luxtanicals, Inc. (Name of Corporation as currently filed with the Florida Dept. of State). P18000029108 AMASSEE (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: Olive & Mason, 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." 160 W Camino Real B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) #1036 Boca Raton, FL 33432 C. Enter new mailing address, if applicable: 160 W Camino Real (Mailing address MAY BE A POST OFFICE BOX) #1036 Boca Raton, FL 33432 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) 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 Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 = Chie 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 va 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 Doo	
		John Doe	
X Remove	V	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove 3) Change		N/A	
Add			
Remove			
4) Change		N/A ————————————————————————————————————	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

(Attach ad	ing or adding addit Iditional sheets, if ne	cessary). (Be spe	cific)			
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. If an ame	ndment provides fo	ər an exchange, rec	lassification, or c	ancellation of issu	ed shares.	
provision	ns for implementing ot applicable, indicat	the amendment if	f not contained in	the amendment i	tself:	
(<i>y ne</i> /A	н аррисавіе, таісаі	'e (87.4.)				
						
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The date of each amendment(s) date this document was signed.	adoption:	if other than the
<u> </u>		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date	e)
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without sharel	holder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the ar sufficient for approval.	nendment(s)
☐ The amendment(s) was/were apmust be separately provided for	proved by the shareholders through voting groups. The follow, reach voting group entitled to vote separately on the amendme	ing statement ent(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by N/A		
	(voting group)	
04/04/24 Dated Signature	A.C.	
select	director, president or other officer – if directors or officers have ed, by an incorporator – if in the hands of a receiver, trustee, or need fiduciary by that fiduciary)	
	Michelle Davis	
	(Typed or printed name of person signing)	
	P	
	(Title of person signing)	