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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: JAV	I & CARY CORP.				
DOCUMENT NUMBER: P1800007					
The enclosed Articles of Amendment	and fee are submitted for filing.				
Please return all correspondence conce	erning this matter to the following	;			
REYES DE LA	ROSA, JAVIER, A				
	Name of Contact Person				
	Firm/ Company				
1475 W 41 STF	REET APT 3				
	Address				
HIALEAH, FL	HIALEAH, FL 33012				
<u></u>	City/ State and Z	ip Code			
JAVIERDELA	JAVIERDELAROSA1971@GMAIL.COM				
E-mail add	ress: (to be used for future annual	report notification)			
For further information concerning this	·)			
Name of Contact Person	n A	rea Code & Daytime Telephone Number			
Enclosed is a check for the following a	amount made payable to the Florid	da Department of State:			
	Filing Fee & Status Status Status (Additional copy enclosed)	Certificate of Status			
Mailing Address Amendment Section Division of Corporat P.O. Box 6327 Tallahassee, FL 3231	ions	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

Articles of Amendment to Articles of Incorporation of

JAVI & CARY CORP.		
(Name of Corporation as currently filed	with the Florida Dept. of State)	
P18000070728		
(Document Number of Corpo	ration (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	Profit Corporation adopts the following amendm	nent(s) t
A. If amending name, enter the new name of the corporation:		
LUIS & LIAM CORP.	The ne	14,
name must be distinguishable and contain the word "corporation," "compan "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profe. "chartered." "professional association," or the abbreviation "P.A."	v," or "incorporated" or the abbreviation "Corp.,	41
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address: Name of New Registered Agent	Floridg, enter the name of the	
Name of their Registered rigera		
(Florida street addr	ess)	
New Registered Office Address: (City)	, Florida (Zip Code)	13 13 10 K
Nam Devistand & and Company of the said Devists	30	95 57
lew Registered Agent's Signature, if changing Registered Agent; 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, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

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.

X Change	<u>P1</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

	Articles, enter change(s) h ry). (Be specific)		
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	exchange, reclassification, amendment if not containe	or cancellation of issue	a snares, elf:
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an amendment provides for an oppositions for implementing the a (if not applicable, indicate N/A)		
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provisions for implementing the a			
f an amendment provides for an e provisions for implementing the a (if not applicable, indicate N/A			

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareho	ilder action and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the ame sufficient for approval.	:ndment(s)
	pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	-24-2020 TRus R	
Signature	TRIDIR)	
(By a	director president or other officer - if directors or officers have n	
	ted, by an incorporator – if in the hands of a receiver, trustee, or o inted fiduciary by that fiduciary)	ther court
арро	• •	
	REYES DE LA ROSA, JAVIER , A	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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