P180000081225

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Luxe Property Sol	utions, Inc.	
DOCUMENT NUN	1BER: P18000081225		
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Armando Silva		
		Name of Contact Person	n
	Luxe Property Solutions, Inc		
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	3590 W 96 Place	. ,	
		Address	
	Hialeah, FL 33018		
		City/ State and Zip Cod	e
:1	.021@:1		
asii	v024@gmail.com	16-6-	
	n-man address: (to be us	sed for future annual report	nottication)
For further informat	ion concerning this matter, pleas	se call:	
Armando Silva		786at (
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for 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 Tallahassee, FL 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Luxe Property Solutions, Inc.

Edge Property Solutions, Inc.				.
	as currently filed with the	he Florida Dept, of State)		
218000081225				
(Docume	nt Number of Corporation	(if known)		
ursuant to the provisions of section 607.1006, Florida S s Articles of Incorporation:	Statutes, this Florida Profit	t Corporation adopts the follow	wing ame	endment(s)
. If amending name, enter the new name of the cor	poration:			
			The	new'
name must be distinguishable and contain the word 'Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the a	"Inc." or "Co". A profe			
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDR	(ESS)			_
-			()	
		<u></u> <u>*</u>	EC:	
	<u></u>	H >		
Enter new mailing address, if applicable:		SS		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	<i></i>	<u>ार)</u>	<u>-< </u>	— <u>'</u> m
		- 		m
		ORI	- -	
			 	
). If amending the registered agent and/or registere	d office address in Florid	a, enter the name of theご		
new registered agent and/or the new registered o				
N. C.V. D. C. L.				
Name of New Registered Agent				
*** 1.50				
	(Florida street address)			
New Registered Office Address:		, Florida		
	(City)	(Z	(ip Code)	
New Registered Agent's Signature, if changing Regis	stered Agent:	and the artifications of the amorities		
hereby accept the appointment as registered agent. I	am jamuiar wun ana accej	ot the obugations of the positio	т.	
Ciona	ture of New Registered Age	out if changing		
Signa	aare oj wew wegisterea age	ль, 9 споихия		

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>v</u>	Alexander Joseph Perez	931 ORIOLE AVE
X Add			MIAMI SPRINGS, FL 33166
Remove			
2) Change			SECTALL
Add			AR R
Remove			SSEY CO
3) Change			
Add			0RIUA
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
(Attach additional sneets, if necessary). (Be specific)			
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	(C)	==	C
	F STATE FLORIDA	AH 114 09	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	Om.	9	
provisions for implementing the amendment if not contained in the amendment itself:	31		
(if not applicable, indicate N/A)			
			

The date of each amendment(s) adoption:date this document was signed.		_, if other than the
•		
Effective date <u>if applicable</u> :	more than 90 days after amendment file date)	
Note: If the date inserted in this block does not me document's effective date on the Department of State	eet the applicable statutory filing requirements, this date will 's records.	not be listed as the
Adoption of Amendment(s) (CHECK	ONE)	
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for approx	holders. The number of votes cast for the amendment(s) val.	
	reholders through voting groups. The following statement p entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendmen	nt(s) was/were sufficient for approval	
by	тоир)	_
☐ The amendment(s) was/were adopted by the board action was not required.	d of directors without shareholder action and shareholder	19 APR SECKE F ALLAHA
The amendment(s) was/were adopted by the incorpaction was not required.	porators without shareholder action and shareholder	ASSE
March 29, 2019 Dated		AH IN 09 OF STATE E. FLORID
	or other officer – if directors or officers have not been ator – if in the hands of a receiver, trustee, or other court hat fiduciary)	
Armando Silva		
(Туре	ed or printed name of person signing)	
President		
	(Title of person signing)	