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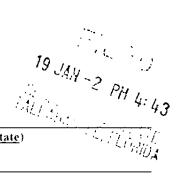
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LIFESTYLE YAC	TITS INC.			
	BER: P18000096434				
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.			
Please return all corre	espondence concerning this ma	itter to the following:			
	BARBARA MATUTE				
	Name of Contact Person				
	LIFESTYLE YACHTS INC.				
		Firm/ Company			
	8755 NW 102 COURT				
	Address				
	DORAL FLORIDA 33178				
		City/ State and Zip Cod	e e		
I	(D1:0: u.d.:				
enari 	ter@lifestyle-yachts.com	sed for future annual report			
	n-man address. (to be us	sed for future annual report	normeation)		
For further informatic	on concerning this matter, pleas	se call:			
BARBARA MATUTE		305 at (956-8516		
Name	TE at (305) 956-8516 of Contact Person Area Code & Daytime Telephone Nur		de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	S43.75 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		Street Address			
Amendment Section		Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			
Tallahassee FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



LIFESTYLE YACHTS INC.

(Name of Corporation as currently	filed with the Florida Dept, of State)	5.77.11
P18000096434		1110
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Torida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P	o". A professional corporation name musi	
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)		
(Studing undress SIAT BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the	
new registered agent and/or the new registered office address:		
Name of New Registered Agent		_
		_
tFlorida stree	et address)	
New Registered Office Address:	, Florida	
10	'ny) Zip	(Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar wi	th and accept the obligations of the position.	
Signature of New Re-	gistered Agent, if changing	

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: XChange	<u>PT.</u>	<u>John Doe</u>	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address 200 S. BISCAYNE BLVD.
1) Change	СТО	PLACENSIA, REINEIR	200 S. BISCAYNE BLVD.
Add	·		SUITE 2790
X Remove			MIAMI, FL 33131
2) Change	СМО	VARGAS, HENRY	200 S. BISCAYNE BLVD
Add			SUITE 2790
X Kemove			MIAMI, FL 33131
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

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. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	19 JAN -2 PH 4: 4.
If an amendment provides for an exchange, reclassification, or cancellation of is provisions for implementing the amendment if not contained in the amendment (if not applicable, indicate N/A)	

	12/12/2018	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	// N/2010	
Effective date <u>if applicable:</u>	/12/2018	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	(0
	t for the amendment(s) was/were sufficient for approval	10000000000000000000000000000000000000
by	(voting group)	\\ \frac{1}{2} \frac{1}{
	(voting group)	
The amendment(s) was/were acaction was not required.	dopted by the board of directors without shareholder action and shareholder	# # F.
☐ The amendment(s) was/were action was not required.	topted by the incorporators without shareholder action and shareholder	
12/12/20 Dated	Supposed Stratution	
(Bý a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	BARBARA MATUTE	
	(Typed or printed name of person signing)	
	CHAIRMAN / SECRETARY	
	(Title of person signing)	