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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION:	STYLE, INC.		
DOCUMENT NUM	1BER:			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	LAURA FEHER			
		Name of Contact Person	1	
	JL LUXURY LIFESTYLE. I	NC.		
	-	Firm/ Company		
	77 HARBOR DR	·		
		Address		
	KEY BISCAYNE, FL 33149	e		
		City/ State and Zip Cod	2	
INF	O@JLLUXURYLIFESTYLE.	СОМ		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
LAURA FEHER		786 at (557-1467	
Name	of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check :	for the following amount made	payable to the Florida Depa	ertment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

JL LUXURY LIFESTYLE, INC.

(Name of Corporation as cur	rently filed with the Florida D	ept. of State)	
(Document Num	ber of Corporation (if known)	<u>.</u>	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this Florida Profit Corporation	adopts the following	amendment(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>		
JL LUXURY LIFESTYLE SERVICES, INC.			The new
name must be distinguishable and contain the word "corpo "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," word "chartered," "professional association," or the abbreviat	or "Co". A professional corp	rporated" or the abl	previation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)			
			22
C. Enter new mailing address, if applicable:			Ti Ti
(Mailing address MAY BE A POST OFFICE BOX)			
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			<u></u>
D. If amending the registered agent and/or registered office		iame of the	25
new registered agent and/or the new registered office add	dress:		
Name of New Registered Agent			
(Flori	da street address)		
New Registered Office Address:	<u> </u>	Florida	
	(City)	(Zip Ce	ode)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami		ons of the position.	
Signature of N	New Registered Agent, if changin	g	

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	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	<u>nes</u>		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change		-		 .	
Add					
Remove					
2) Change					
Add					
Remove					
3) Change		_			
Add					
Remove					<u> </u>
4) Change					
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			
Add					
Remove					

	e <mark>nding or adding ac</mark> n <i>additional sheets, i</i>	if necessary). ((Be specific)	 _			
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an a	mendment provide	es for an exchar	ige, reclassificat	on, or cancella	tion of issued s	snares,	
<u> [07</u>	isions for implement if not applicable, inc	nting the ameno dious MAY	iment it not cont	ameu m me an	ienument usen	<u>•</u>	
(у погарупсиме, т	meme :vizi)					
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.	ll not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
03/29/2019 Dated	
\mathcal{T} .	
Signature	<u></u>
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
LAURA FEHER	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	