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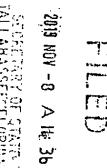
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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: MICHAEL GRAY LUXURY STAGING	4 INC					
DOCUMENT NUMBER: P19 000033118						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
PATRICIA POLLARI Name of Contact Person ADVANCE FINANCIAM SERVICE	Name of Contact Person					
ADVANCE FINANCIAL SERVICE Firm/ Company						
12534 WILES ROAD Address						
CORAL SPEINGS, FL 33076 City/ State and Zip Code						
PATEICIA 10 HO TAX & GMAIL. COM E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
PATEICIA POLIMEI al (954) 255-39	948					
PATEIGA POLIME! at (954) 355 - 39 Name of Contact Person Area Code & Daytime Teleph	ione Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed)	itus					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	ic.					

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

Articles of Incorporation	
of Call Fig.	
MICHAGLURAY LUXURY STATISTICALLY LANC	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P19000033118 2018 NOV -8 A # 36	
(Document Number of Corporation (if known) SECHETARY OF STATE	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amends as Articles of Incorporation:	nent(s)
A. If amending name, enter the new name of the corporation:	
The ne	ew
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviati "Corp.," "Inc.," or Co" or the designation "Corp," "Inc," or "Co". A professional corporation name must contain to word "chartered," "professional association," or the abbreviation "P.A."	
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)	
(Mulling dudress MAT BE AT OST OFFICE BOX)	-
	-
	_
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Name of New Registered Agent	
(Elorida sixeet address)	
New Registered Office Address:	_
(City) (Zip Code)	
New 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.	
nevery accept the appointment as registered agent. I am juminar with and accept the obligations of the position.	
Signature of New Registered 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: X Change	PT	John Doe	
X Remove	<u>v</u>	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	<u>VP</u>	LORI KEEZER	1249 STERLING RI)
Add			1249 STERLING RI) DANIA BEACH, FL 3300
Remove			
2) Change			·
Add			
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if r	ecessary). (Be specific)	<u>e</u> :	
			
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on omandment succession	iau an arahanga padamilianti	annualistica of issued shows	
<u>rovisions for implementi</u>	for an exchange, reclassification, or ng the amendment if not contained	in the amendment itself:	
(if not applicable, indic	ate N/A)		
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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 dedocument's effective date on the Department of State's records.	ate will 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(by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"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 sharehold action was not required.	ег
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
(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 cou appointed fiduciary by that fiduciary)	
LORI KEEZER	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	

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