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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: American Gator Pr	oducts. Inc.	
DOCUMENT NUMI			· · · · · · · · · · · · · · · · · · ·
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Maria Price		
		Name of Contact Persor	
	Alligator Lux		
		Firm/ Company	
	1810 J & C Boulevard Ste 2		
		Address	
	Naples, FL 34109		
		City/ State and Zip Code	2
	maria@alligatorlux.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Maria Price		at (239	598-2011
Name	Name of Contact Person Area Code & Daytime Telephone Numb		
Enclosed is a check for	r 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		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

American Gator Products, Inc.

(Name	of Corporation as currently	y filed withithe Florida Dept; of State)
P19000071615		
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this J	Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new n	ame of the corporation:	
Alligator Lux, Inc.		77
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contrartered," "professional association,"	Corp," "Inc," or "Co". A	The new company," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address,		N/A
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A
D. If amending the registered agent ar	nd/or registered office addr.	ess in Florida, enter the name of the
new registered agent and/or the new		
Name of New Registered Agent	N/A	
	(Florida stre	eet address)
New Registered Office Address:	N/A	. Florida
the state of the s	((City) (Zip Code)
New Registered Agent's Signature, if c		with and accept the obligations of the position.
and a special	orea agem. Tum jamaia, w	
- Das	ia C. Lu). La
	Signature of New Re	egistered Agent, if changing
Check if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)

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 than office the first pletter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	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			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	/ A	fic)
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. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) N/A		
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provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
	If an amendment provides for an exchange, recla	issification, or cancellation of issued shares,
V/A	(if not applicable, indicate N/A)	to the state of th
	N/A	

The date of each amendment(s) a	May 29, 2020 doption:	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 document's effective date on the D	olock does not meet the applicable statutory/filing-requirements this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder a	ction and shareholder
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendme afficient for approval.	nt(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
May 29, 2 Dated Signature	Vario C. Pari	
selecte	drector, president or other officer – if directors or officers have not beed, by an incorporator – if in the hands of a receiver, trustee, or other cotted fiduciary by that fiduciary)	en ourt
	Maria Price	
	(Typed or printed name of person signing) Tresident	
	(Title of person signing)	