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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Corporations
NAME OF CORPORATION: LUSH APPAREL INC DOCUMENT NUMBER: P2000024446
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cristica Bortolotto Oliveira Name of Contact Person
Losh Apparel Inc
22910 Oxford Place, Unit A
Roca Raton FL 33433 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cristina Oliveira at 914 316-6126 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

Lush Apparel I	SnC
	tly filed with the Florida Dept. of State)
<u> 720000624446</u>	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," ' "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	22910 0x652 7loce Unit A
	Boca Raton, FL 33433
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as above
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address. Name of New Registered Agent	
Mane of the region of the regi	
(Florida st	reet address)
New Registered Office Address:	, Florida (Zip Code)
	(City) (Zip Code) T. (5)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
Signature of New k	Registered Agent, if changing
Chack if annlicable	

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

Example:

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.

<u>X</u> Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) X Change	P Gistina Boxtolotto	Oliverra 22910 Oxford Place
Add		Unit A
Remove		Boca Ration, FL 33433
2) Change	VP Edina Verdi	716 NW 1st Ave
Add		Boyrton Brook, FL 33426
Remove 3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

	ts, if necessary).	(Be specific)			
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	rides for an exch	ange, reclassifica	<u>ition, or cancellat</u>	<u>ion of issued share</u>	<u>s.</u>
f an amendment prov	1010 101 411 1111				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 8/26/2020	
Effective date if applicable: Sold 2000 (no more than 90 days after amendment)	file date)
Note: If the date inserted in this block does not meet the applicable statutory filing red document's effective date on the Department of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without action was not required.	it shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for by the shareholders was/were sufficient for approval.	or the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the acceptance.	
"The number of votes cast for the amendment(s) was/were sufficient for approva	I
by	
by	
Dated	
the last of the la	
Signature	
(By a director, president or other officer – if directors or office selected, by an incorporator – if in the hands of a receiver, true	
appointed (iduciary by that fiduciary)	
C:0: 2 1/2+10	Olivia
Cristina Bortolotto (Typed or printed name of person signing)	Oliveira
Roman land	
(Title of person signing)	