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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: LUXURY PAINT	RENOVATION CORP	
	1BER: P21000023553		
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.	
Please return all corr	respondence concerning this ma	itter to the following:	
	CARLOS LONDON		
		Name of Contact Person	n
	LONDON EXPRESS INTER	RNATIONAL INC	
		Firm/ Company	
	2750 MICHIGAN AVE	a surquisiy	
		Address	
	KISSIMMEE, FLORIDA 34	744	
		City/ State and Zip Cod	e
	LONDON2750@HOTMAIL	COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, plea		. 3776175
Name	of Contact Person	at ( 321 Area Co	)
Enclosed is a check t	or the following amount made		·
\$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)
An Dir P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

LUXURY PAINT RENOVATION CORP

(Name of Connection of		- DA - (CC-A )		
(Name of Corporation as curr P21000023553	rently thed with the Plorid	a Dept. of State)		
	per of Corporation (if knows	n)		
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corpora	ntion adopts the fo	llowing amend	lment(s)
A. If amending name, enter the new name of the corporation	<u>1:</u>			
	· <del></del>		The r	
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 professional corpora	rated" or the abbr ition_name_must_	eviation "Cor; contain the w	o., " ord
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )				_
			2021	
C. Enter new mailing address, if applicable:	<u> </u>	· -	JUI.	ا ذ
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
			PH 12:	_ f====================================
D. If amending the registered agent and/or registered office : new registered agent and/or the new registered office add		he name of the	£	_
Name of New Registered Agent				
(Florid	la street address)			
New Registered Office Address:	·	, Florida		
the state of the s	(City)	, r which	(Zip Code)	_
New Registered Agent's Signature, if changing Registered Agenterchy accept the appointment as registered agent. I am famili	zent: iar with and accept the obli	gations of the posi	tion.	
Signature of Ne	w Registered Agent, if chan	ging	<del></del>	
Check if applicable				

 $\square$  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>PT</u>	John Do	<u>oe</u>	
<u>V</u>	Mike Je	<u>mes</u>	
<u>sv</u>	Sally Si	nith	
<u>Title</u>		Name	<u>Addres</u> s
VP	_	RAFAEL COLON MOLINA	777 W LANDCASTER RD
	_		APRT# A27
			ORLANDO.FLORIDA 32809
	_		
			<del></del>
	_		
<del>-</del>	_		
	_		
	<u>SV</u> <u>Title</u>	V Mike Je SV Sally Si Title	V     Mike Jones       SV     Sally Smith       Title     Name

	icles, enter change(s) here: (Be specific)
(Attach additional sheets, if necessary).	1-1-1X-1-1X-11
——————————————————————————————————————	
-	
f an amendment provides for an exch	lange, reclassification, or cancellation of issued shares,
	ndment if not contained in the amendment itself:
provisions for implementing the amer	
provisions for implementing the amer (if not applicable, indicate N/A)	
provisions for implementing the amer	

	07/08/2021	
The date of each amendment(s) ac	option:	, if other than the
date this document was signed.		
	IDIATLY	
Effective date <u>if applicable</u> :	(no more than 90 days afte	r amendment file dates
<b>Note:</b> If the date inserted in this be document's effective date on the De		tory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of di	rectors without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of ficient for approval.	of votes east for the amendment(s)
	roved by the shareholders through voting each voting group entitled to vote separa	
"The number of votes cast	for the amendment(s) was/were sufficien	nt for approval
by		<u>,"</u>
	(voting group)	<del></del>
07/08/2021		
Dated		
<b>G</b> :	///	
sofected	region, president or other officer – if dire by an incorporator – if in the hands of diduciary by that fiduciary)	
	JOSEF A HOFMEISTER	
•	(Typed or printed name of pe	rson signing)
	PRESIDENT	

(Title of person signing)