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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPO	RATION: Luv Boxes Inc.		
DOCUMENT NUM	BER:		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Mohamed Swilam		
		Name of Contact Persor	1
	Luv Boxes Inc		
		Firm/ Company	
	10505 Lucaya Dr		
		Address	
	Tampa, FL.US,33647		
		City/ State and Zip Code	2
	evaxoint@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Mohamed Swilam		at (813	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or 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)
Ān	niling Address mendment Section vision of Corporations	Amend	Address ment Section on of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

Luv Boxes Inc.		_	
(Name o	of Corporation as current	ly filed with the Florida De	ot. of State)
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contrartered," "professional association,"	Corp," "Inc," or "Co"	A professional corporation	or the abbreviation "Corp.," name must contain the word
B. Enter new principal office address,	if applicable:	9208 Palm River RD	
(Principal office address MUST BE A S		Suit-303	921
		Tampa, FL, 33619	30 T
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)		9208 Palm River RD	L IT
intelling dual cos intelligence of the cost of the cos		Suit•303	ত ত
		Tampa, FL, 33619	<u> </u>
D. If amending the registered agent ar new registered agent and/or the new			ume of the
Name of New Registered Agent	Mohamed Swilam		
	(Florida st	reet address)	
No. Berinand Office Address.	1912 Garden Bower Cir, Tampa		33619
New Registered Office Address:	(City)		(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agen ered agent. I am familiar	t: with and accept the obligatio	ns of the position.
	Mohamed	Swilam	
	Signature of New I	Registered Agent, if changing	

Check if applicable

☐ 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)

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 Doe	
X Remove	<u>√</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	Salma Daadoush	10505 Lucaya Dr.
Add			Tampa,FL,33647
Remove			
2) Change	P	Eman Edelbi	18184 Sandy Pointe Dr.
Add			Tampa, Fl. 33647
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)			
				
				
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<u> </u>				
				
				·
an amendment provides for an excl	nange, reclassification	, or cancellation of	issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contain	ed in the amendme	ent itself:	
				-

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• .1	07/27/2021	
The date of each amendment(s)	adoption:	, if other than t
late this document was signed.		
Continue data if amelicables	07/27/2021	
ffective date <u>if applicable</u> :	(no more than 90 days after	amendment file date)
ote: If the date inserted in this ocument's effective date on the		ory filing requirements, this date will not be listed as t
doption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of dir	ectors without shareholder action and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of sufficient for approval.	votes cast for the amendment(s)
must be separately provided f	pproved by the shareholders through voting or each voting group entitled to vote separal st for the amendment(s) was/were sufficient	tely on the amendment(s): t for approval
by	2	•
· · · · · · · · · · · · · · · · · · ·	(voting group)	
David	07/27/2021	
Dated		
Signature	Eman & Delbi	
(By a selec	director, president or other officer – if directed, by an incorporator – if in the hands of a inted fiduciary by that fiduciary)	
	Mohamed Swilam	
	(Typed or printed name of per	rson signing)
	VP Mob	
	(Title of person signing)	