P2100035132

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OCT = 5 2021

S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CO	RPORATION: LS Cream Inc.						
	NUMBER: P21000038932		Make 1970 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
The enclosed Ar	rticles of Amendment and fee are	submitted for filing.					
Please return ali	correspondence concerning this r	natter to the following:					
	Myriam Jean-Baptiste						
	Name of Contact Person						
	LS Cream Inc.						
		Firm/ Company					
	2005 Rue de Pavie						
		Address					
	LAVAL, QC H7M 5-N2 C	'A					
		City/ State and Zip Cod	e				
	E-mail address: (to be	used for future annual report	notification)				
For further info	rmation concerning this matter, pl	ease call:					
Myriam Jean-Baptiste		a1 (995-5203 de & Daytime Telephone Number				
Name of Contact Person		Area Co	de & Daytime Telephone Number				
Enclosed is a ch	neck for the following amount mad	de payable to the Florida Dep	artment of State:				
S35 Filing	Fee S43.75 Filing Fee & Certificate of Status	•	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address
Amendment Sec

Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of A to Articles of Inc of	2021 SEP 27 SECRETARY TALLAHASSE	
LS Cream Inc.		27 27 ARY SSEE
(Name of Corporation as current)	y filed with the Florida Dept. of State)	OF S
P21000038932		B ^X ::
(Document Number o	f Corporation (if known)	37 IDA
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the follow	ring amendment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation."	company "or "incorporated" or the abbreni	The new
"Inc.," or Co" or the designation "Corp," "Inc.," or "Co". z "chartered," "professional association," or the abbreviation "P.4.	A professional corporation name must con	tain the word
B. Enter new principal office address, if applicable:	3704 Greencrest Court	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Kissimmee, FL 34746	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2005 RUE DE PAVIE LAVAL. QC H7M 5-N2 CA	
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		
(Florida st	reet address)	
New Registered Office Address:	, Florida	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	t:	ip Code) on.
Signature of New F	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.

X Change	<u>PT</u>	John Doe				
X Remove	$\underline{\mathbf{V}}$	Mike Jones				
X Add	<u>sv</u>	Sally Smitt	<u>n</u>			
Type of Action (Check One)	<u>Title</u>	<u>N:</u>	<u>ame</u>	Address		
1) Change	D	F:	arrah Fontaine	3704 Greencrest Court		
X Add		_		Kissimme, FL 34746		
Remove						
2) Change						
Add						
Remove 3) Change		····				
Add						
Remove						
4) Change						
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change						
Add						
Remove						

	(Be specific)				
					
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<u>provisions for implementing the ame</u>	hange, reclassific	ation, or cancella	ntion of issued sh nendment itself:	nares.	
an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassific endment if not co	ration, or cancelle ontained in the ar	ntion of issued sh nendment itself:	<u>nares,</u>	
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<u>provisions for implementing the ame</u>	hange, reclassificendment if not co	eation, or cancelle	ntion of issued sh nendment itself:	nares,	

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The date of each amendment(s) adoption:	, if oth	ner tha	m the
date this document was signed.			
Effective date if applicable:			
(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 date will document's effective date on the Department of State's records.	not be I	isted :	as the
Adoption of Amendment(s) (CHECK ONE)			
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	sharehol	der	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.			
[I] The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):			
"The number of votes cast for the amendment(s) was/were sufficient for approval			
by	_{टर्ड}		
by	SEC	202	
September 16, 2021 Dated	RETAR	2021 SEP 27	<u> </u>
Signature	EE, FL	PH	
(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 court appointed fiduciary by that fiduciary)	STATE ORIDA	5: 37	
Myriam Jean-Baptiste			
(Typed or printed name of person signing)		_	
Chief Executive Officer			
(Title of person signing)			

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