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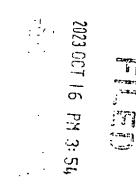
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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPOR	RATION: LULY'S CLEANE	NG CORP	
DOCUMENT NUMI	P22000085098		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	MARIA MA	ARTIN MASJUAN	
		Name of Contact Person	
		Firm/ Company	
	107 E RD	ST	
		Address	-
	LEHIGH A	CRES . FLORIDA 33936	
		City/ State and Zip Code	2
	LULACGUEY@HOTM		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
MARIA MARTIN N	1ASJUAN	786 at (800-8296
Name (of Contact Person	Area Co	de & Daytime Telephone Number
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	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 Section Division of Corporations The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

LUI	Y'S	C1	ANI	ING	COR	P

DOLT S CLANING CONT			
(Name of Corporation	on as currently filed with the Florie	ia Dept. of State)	
P22000085098			
(Docum	nent Number of Corporation (if know	n)	
Pursuant to the provisions of section 607.1006, Floridatts Articles of Incorporation:	a Statutes, this Florida Profit Corpor	ation adopts the following ame	endment(s) t
A. If amending name, enter the new name of the co	orporation:		
LULY'S CLEANING CORP		Tha	new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	" or "Co". A professional corpor	orated" or the abbreviation "Co	orp., "
B. Enter new principal office address, if applicable	<u></u>		
(Principal office address <u>MUST BE A STREET ADD</u>		~~	
		- 10 10 10 10 10 10 10 10 10 10 10 10 10	
			= [
			CONTRACT.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)X)	တ	i
<u></u>		70 33	iii
		<u></u> -	
		വ 	
D. If amending the registered agent and/or register new registered agent and/or the new registered		the name of the	
	onice address.		
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		. Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Reg		Down Mat Gar	
I hereby accept the appointment as registered agent.	I am familiar with and accept the obl	igations of the position.	
Sivna	ature of New Registered Agent, if cha	nging	
	, <u> </u>		

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)

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.

X Change	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	mith_	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				_
6) Change		_		
Add		_		
Remove				

E. <u>If amen</u> (Attach <i>a</i>	ding or adding additional Audditional Sheets, if necessary)	rticles, enter change(s) he). (Be specific)	<u>re</u> :	
N/A	······································	, , , , , , , , , , , , , , , , , , , ,		
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F. <u>If an an</u>	nendment provides for an ex	change, reclassification, o	r cancellation of issued s	hares,
<u>provisi</u>	ions for implementing the an not applicable, indicate N/A)	nendment if not contained	I in the amendment itself	<u> </u>
N/A	nor appricable, marcule (VA)			
18/74		. * 1-		
	 			
	·			

The date of each amendment(s) ad late this document was signed.	option:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendm	ent file date)
Note: If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory filing partment of State's records.	requirements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	nted by the incorporators, or board of directors wit	hout shareholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were sul	oted by the shareholders. The number of votes cas ficient for approval.	t for the amendment(s)
	oved by the shareholders through voting groups. each voting group entitled to vote separately on the	
"The number of votes east (or the amendment(s) was/were sufficient for appro	oval
by	(voting group)	·"
	(voting group)	
08/07/2023		
Dated		
Signature		
selected	ector, president or other officer – if directors or of by an incorporator – if in the hands of a receiver, d fiduciary by that fiduciary)	
!	MARIA MARTIN MASJUAN	
~	(Typed or printed name of person signir	iŘ)
-	(Title of person signing)	
	(Title of person signing)	