## P9400074109

| (Re                     | questor's Name)    |             |
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| (Cit                    | ty/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | isiness Entity Nai | me)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificate      | s of Status |
| Special Instructions to | Filing Officer:    |             |
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## **COVER LETTER**

TO: Amendment Section

| Division of Corporations   |
|--|
| NAME OF CORPORATION: LEXCELLENCE DESIGNS INC,  DOCUMENT NUMBER: P94000074109   |
| The enclosed Articles of Amendment and fee are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:  |
| Rosal by Calvi Name of Contact Person  L'Excellence Dec. Gw Frc.  Firm/ Company  15018 SW 33pcl Street  Address  Davie FL 33331  City/ State and Zip Code  RCAlvo C Lexcellence. Com  E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call:   |
| Rusal long (Alvo at 954) 592-9930  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)  Certified Copy (Additional Copy is enclosed)  |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314  Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle   |

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

|   | Articles of Incor                                       | poration                   | <i>\</i>                                    | 11 ~                       |
|---|---|----------------------------|---|----------------------------|
| L'Excellence  | of  | · <b>T</b>                 | 4.  | ILED                       |
|   | DESPLAS   | S Live                     | 7010 SFD                                    |                            |
| (Name of Cor  | poration as currently f                                 | filed with the Florida     | Dept. of State)                             | 21 00                      |
|   |   |                            | Mary Constitution                           | ¥?                         |
| (   | Document Number of C                                    | Corporation (if known)     | ""MACS                                      | ريازة فأرأع ع              |
| rsuant to the provisions of section 607.1006, Articles of Incorporation:  | Florida Statutes, this Fl                               | orida Profit Corporatio    | on adopts the following                     | ng amendment(              |
| If amending name, enter the new name of   | f the corporation:                                      |                            |   |                            |
|   |   |                            |   | _The new                   |
| me must be distinguishable and contain the<br>Corp.," "Inc.," or Co.," or the designation<br>ord "chartered," "professional association," | "Corp," "Inc," or "Co                                   | o". A professional coi     | corporated" or the a<br>rporation name must | bbreviation<br>contain the |
| Enter new principal office address, if app  | olicable:   |                            |   |                            |
| rincipal office address MUST BE A STREE   | T ADDRESS )   |                            |   |                            |
|   |   |                            |   |                            |
|   |   |                            |   |                            |
| V-to  |   |                            |   |                            |
| Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)   |   |                            |   |                            |
| <u>-</u>  | ·   |                            |   |                            |
|   |   |                            |   |                            |
|   |   |                            |   |                            |
| If amending the registered agent and/or i   | ragistared office addres                                | ee in Florida, enter the   | e name of the                               |                            |
| new registered agent and/or the new regis   |   | Sylle I for that Cited the | t name or the                               |                            |
|   |   |                            |   |                            |
| Name of New Registered Agent  | <u> </u>  | <u> </u>                   |   | -                          |
|   |   |                            |   | _                          |
|   | (Florida stree  | a aaaress)                 |   |                            |
| New Registered Office Address:  |   |                            | , Florida                                   | (2-1-)                     |
|   | (0  | Tity)                      | (Zip  | Code)                      |
|   |   |                            |   |                            |
| D. C.   | ion Desistand Aments                                    |                            |   |                            |
| w Registered Agent's Signature, if changi<br>wereby accept the appointment as registered of   | m <u>e registered Agent:</u><br>agent. I am familiar wi | th and accept the oblig    | ations of the position.                     |                            |
|   | •   |                            | _ ·   |                            |
|   |   |                            |   |                            |
|   |   |                            |   | _                          |
|   | Signature of New Re                                     | gistered Agent, if chang   | ging  |                            |

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 D   | <u>oe</u>   |           |        |                 |      |     |    |
|----------------------------|--------------------------|----------|-------------|-----------|--------|-----------------|------|-----|----|
| X Remove                   | $\underline{\mathbf{v}}$ | Mike J   | <u>ones</u> |           |        |                 |      |     |    |
| X Add                      | <u>sv</u>                | Sally S  | <u>mith</u> |           |        |                 |      |     |    |
| Type of Action (Check One) | <u>Title</u>             |          | Name        |           |        | <u>Addres</u> s |      |     |    |
| 1) Change                  | VP                       | <u> </u> | DIEGO       | D. Roxlei | (+1)42 | 3070            |      |     |    |
| Add                        |                          |          |             |           |        | Misui           | , FL | 331 | 33 |
| 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>,                                      </u>  |  |               |
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| provisions for implementing the am  | change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself: |               |
| an amendment provides for an exc<br>provisions for implementing the am<br>(if not applicable, indicate N/A) | change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself: |               |
| provisions for implementing the am  | change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself: |               |
| provisions for implementing the am  | change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself: |               |
| provisions for implementing the am  | change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself: |               |
| provisions for implementing the am  | change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself: |               |
| provisions for implementing the am  | change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself: |               |
| provisions for implementing the am  | change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself: |               |

| The date of each amendment(s) adoption: 4-19-2018  date this document was signed.   | _, if other than the |
|---|----------------------|
|   |                      |
| Effective date if applicable:  (no more than 90 days after amendment file date)   |                      |
| (we will a stay the tanenament file date)   |                      |
| <b>Note:</b> 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 listed as the |
| Adoption of Amendment(s) ( <u>CHECK ONE</u> )   |                      |
| ☐ 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.  |                      |
| ☐ 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 (voting group)   |                      |
| (voting group)  |                      |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.   |                      |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.  |                      |
| Signature  (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) | -                    |
|   |                      |
| (Typed or printed name of person signing)   | <del></del>          |
| (Typed of panted name of person signing)  |                      |
| VICE - PRESIDENT  |                      |
| (Title of person signing)   |                      |