## P99000102289

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only

524- Lei 1. 1092-



800327514328

04/11/19--01017--002 \*+65.00

2019 HAY 22 PH 2:

C. GOLDEN MAY 22 2019

## **COVER LETTER**

NAME OF CORPORATION: South Florida Luxury Guide DOCUMENT NUMBER: P99006102289

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person	į
South FlaceDA LUXURY GUIDE	
1900 N. BAYSTOR Dr # 3806	
Miami FC 33132  /City/ State and Zip Code	
Lyrette @ SF Luxury quide. con	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Wante of Contact Person at 25 26/10

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

Mailing

TO: Amendment Section

☐\$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)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 01 HAY 22 AH 10: 3

Siegled



April 18, 2019

LYNETTE JANAC 1900 NORTH BAYSHORE DRIVE #3806 MIAMI, FL 33132

SUBJECT: SOUTH FLORIDA LUXURY GUIDE, INC.

Ref. Number: P99000102289

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Pages 2 and 3 are missing.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 619A00007853

Articles of Amendment
to Zora
Articles of Incorporation
South Florida Luxuer (avide, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
799000102289
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(its Articles of Incorporation:
/ DXDEU NERVOEK, In
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". I professional corporation name must contain the
word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
<u> </u>
· ·
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
MV13
D. If amending the registered agent and/or registered office address in Florida, enter the name of the
new registered agent and/or the new registered office address:
Name of New Registered Agent
(Florida street address)
New Registered Office Address: City Florida (City) (Zip Code)
New Registered Office Address: City (City) . Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
- <b>-</b>
$\sim 1/\sim$
Signature of New Registered Agent, if changing
Signature of New Registered Agent, if changing

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	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change		
Add	10	· · · · · · · · · · · · · · · · · · ·
Remove	MH	
2) Change		
Add		
Remove		
3 ) Change		
Add		
Remove		
4) Change		
Add		<del>-</del>
Remove		
Kemove		
5) Change		
Adđ		
Remove		
6) Change		
Add		
Remove		

If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
	<del></del>
D(K	
	<u>.                                      </u>
	<del></del>
	<u>.                                      </u>
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	

The date of each amendment(s) adoption:
date this document was signed.
Effective date if applicable: 4 May 1, 2019
(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 not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes east 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 east for the amendment(s) was/were sufficient for approval
by
(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.
Dated5/19/19
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)
Lynelle Toward
(Typed or printed name of person signing)
CED

(Title of person signing)