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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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rtified Copies	_ Certificates	of Status
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Office Use Only



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DESTRUCTION

COVER LETTER

Division of Corporations NAME OF CORPORATION: Star Therapy Services, Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Yanetsy Pena Name of Contact Person Star Therapy Services, Inc. Firm/ Company 12793 SW 250 Terr Address Homestead, FL 33032 City/ State and Zip Code startherapyservices@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 259-2335 Area Code & Daytime Telephone Number Yanetsy Pena Name of Contact Person Enclosed is a cheek for the following amount made payable to the Florida Department of State: ☐\$52.50 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & S35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Star Therapy Services, Inc.

(Name o	f Corporation as currer	tly filed with the Flori	ida Dept. of State)	-
	Pluoo	0094381	1	
	(Document Number	of Corporation (if know	wn)	-
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corpo	ration adopts the fe	ollowing amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
N/A				The new
name must he distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co".	A professional corpor	orated" or the abboration name must	reviation "Corp.," contain the word
B. Enter new principal office address, i	f applicable:	N/A		
(Principal office address <u>MUST BE A ST</u>	(REET ADDRESS)			
				nouser
				- K
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		; ;
		***		7
				<u> </u>
		-	<u>-</u>	
D. If amending the registered agent an			the name of the	
new registered agent and/or the new	•	<u>'SS:</u>		
Name of New Registered Agent	N/A			
	(Florida .	street address)		
New Registered Office Address:			, Florida	2: 7: 1)
		(City)		(Zip Code)
New Registered Agent's Signature, if ch	nanging Registered Age	nt:		
I hereby accept the appointment as registe	ered agent. I am familia	r with and accept the ol	bligations of the po.	sition.
	Signature of New	Registered Agent, if ch	anging	
			- -	
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 Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	Estrella Valdes	21016 SW 119 Ct
xAdd			Miami FL 33177
Remove			
2) Change	•••		
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		-	
Remove			

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· . ·	08/31/2020	
The date of each amendment(s) ad-	option:	, if other than the
date this document was signed.	/2020	
Effective date <u>if applicable</u> : 08/31	72020	
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirement partment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoptaction was not required.	oted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The number of votes east for the amo	endment(s)
	oved by the shareholders through voting groups. The followin ach voting group entitled to vote separately on the amendmen	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	<u></u>	
08/31/2020	(voting group)	
Dated		
Signature		
selected,	ector, president by other officer – if directors or officers have r by an incorporator – if in the hands of a receiver, trustee, or o d fiduciary by that fiduciary)	
Y	anetsy Pena	
-	(Typed or printed name of person signing)	
	Tresident	
_	(Title of person signing)	