1060906

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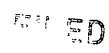
TO: Amendment Section Division of Corporations

4

NAME OF CORPO	ORATION: Four Star Costume	es Inc.				
DOCUMENT NUM						
	es of Amendment and fee are si	abmitted for filing.				
Please return all cor	respondence concerning this ma	itter to the following:				
	Gianfranco Carretti					
	Name of Contact Person					
	Four Star Costumes Inc					
	·-	Firm/ Company				
	243 Meridian Ave, #211					
	***	Address				
	Miami Beach, FL 33139					
		City/ State and Zip Cod	c			
fou	rstarcostumes@outlook.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informat	ion concerning this matter, pleas	se call:				
Deborah Diers-Weisman		954 at (319 3592			
Name of Contact Person			de & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Depa	irtment of State:			
□ \$35 Filing Fee	S43.75 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Four Star Costumes Inc.			2019 AUG - 1 AM 11:
(Name	of Corporation as currently	filed with the Florida Dept. of S	State)
660906			,
	(Document Number of 0	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1.1006, Florida Statutes, this F	lorida Profit Corporation adopts	the following amendment(s
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	o". A professional corporation i	l" or the abbreviation
B. Enter new principal office address,			
(Principal office address <u>MUST BE A S</u>	STREET ADDRESS)		
C. Enter new mailing address, if appl	icable:		
(Mailing address MAY BE A POST	OFFICE BOX)		
D. If amending the registered agent a	nd/or registered office addre	ss in Florida, enter the name of t	the
new registered agent and/or the ne			<u></u>
Name of New Registered Agent			
<u> </u>	243 Meridian Avenue # 211		
	(Florida stree	ot addissas)	
	Miami Beach	r uaar ess)	22120
New Registered Office Address:		Flori	
	(C	Äty)	(Zip Code)
Naw Dagietorad Agant's Circustona 16			
New Registered Agent's Signature, if c I hereby accept the appointment as regis		th and accept the obligations of th	ue nosition
	J		· position
	Signature of New Res	istered 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.

Example: X Change	<u>РТ</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			· • • • • • • • • • • • • • • • • • • •
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art Attach additional sheets, if necessary).		
		
-		
· · · · · · ·		
If an amendment provides for an excl	change, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	nendment if not contained in the amendment itself:	
· · · · · · · · · · · · · · · · · · ·	· 	

The date of each amendment(s) adoption:	f other than 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 not document's effective date on the Department of State's records.	be listed as the
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 cast 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.	
July 11,2019 Dated	
(By a director, president or other officers of a receiver, trustee, or other court appointed tiduciary by that fiduciary)	
Gianfranco Carretti	
(Typed or printed name of person signing)	
Vice President	
(Title of person signing)	