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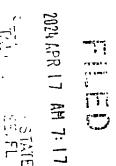
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ASPHALT U.S.A	FIVE STARS LLC	· · · · · · · · · · · · · · · · · · ·	
DOCUMENT NUM	1.24000024512			
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	atter to the following:		
	Norman Chera			
		Name of Contact Person	1	
	ASPHALT U.S.A FIVE STA	ARS LLC		
	Firm/ Company			
	500 bayview drive apt 826			
		Address		
	Sunny Isles, FL, 33160			
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code	2	
	brachaalvarado30@gmail.com	m		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, plea	se call:	400-8037	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made			
□ \$35 Filing Fee	■\$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)	
Am Div P.O	endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ussee, FL 32303	

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	PT J	ohn Doe	
X Remove	<u>v</u> <u>N</u>	Mike Jones	
X Add		Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
Change	P	NORMAN CHERA	500 BAYVIEW DR APT 826
x Add			SUNNY ISLES, 33160
Remove			
2) Change	V	CLAUDIA ALVARADO	500 BAYVIEW DR APT 826
X Add			SUNNY ISLES, 33160
Remove 3) Change			And the second s
Add			
Remove			-
4) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Articles of Amendment Articles of Incorporation

ASPHA	ΙТ	211	A FIV	$T \in ST$	PRAPS	HC
ΔM				12 12 1		

FILED

(Name	of Corporation as curren	tly filed with the Florida	Dept of State)
1.24000034512		tly filed with the Florida	2024 APR 17 AH 7:17
	(Document Number	of Corporation (if known)	771. 0727:
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporatio	on adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
		· · · · · · · · · · · · · · · · · · ·	The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Coartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation	
B. Enter new principal office address, (Principal office address MUST BE A S			
. "			<u> </u>
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
(muning dadress (mm) be min soon	<u>GIIICE BOI</u> D		
			
 If amending the registered agent are new registered agent and/or the new 			name of the
Name of New Registered Agent	Norman Chera		
	500 bayview dr apt 826	•	
	(Florida s	street address)	
New Registered Office Address:	Sunny Isles		, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Ager	<u>ıt:</u>	
I hereby accept the appointment as regist	tered agent. I am familia	with and accept the obliga	utions of the position.
N_{-}		Registered Agent, if changi	
	Signature of New	Registered Agent, if changi	ing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
		**
		···
		
111111111111111111111111111111111111111		
		 —————
f an amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	······································	
··· ,		

• ,

•	03/29/2024	
The date of each amendment(s) add		, if other than the
date this document was signed. 03/29/	2024	
Effective date if applicable:		
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requirement artment of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amacient for approval.	nendment(s)
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	04/2024	
Signature 1/-		
(By a dire	ector, president or other officer - it directors or officers have	not been
	by an incorporator - if in the hands of a receiver, trustee, or	other court
appointed	d fiduciary by that fiduciary)	
1	NORMAN Chera	
·	(Typed or printed name of person signing)	
_	Pres	
	(Title of person signing)	