N15000002404

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: S.T.A.R.S. AUTIS	M SCHOOLS FOUN	DATION, INC.		
N15000002404				
DOCUMENT NUMBER:				_
The enclosed Articles of Amendment and fee are sub	omitted for filing.			
Please return all correspondence concerning this mat	tter to the following:			
Egleevelyn Nunez				
	(Name of Contact P	erson)		_
S.T.A.R.S. AUTISM SCHOOLS FOUNDATION, I	INC.			
	(Firm/ Compan	y)		_
15600 SW 88 Street				
	(Address)	•		
Miami, FL 33196				3
	(City/ State and Zip	Code)		,
enunez@starsglobalprep.org				
E-mail address: (to be use	ed for future annual re	port notification)	_
For further information concerning this matter, pleas	se call:			- -
Egleevelyn Nunez	a	305	8469346	, .
(Name of Contact Perso		(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount made	payable to the Florida	Department of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certifi is Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address Amendment Section		treet Address	on	

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, Fl. 32314

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

S.T.A.R.S. AUTISM SCHOOLS FOUNDATION, INC.

Name of Corporation as currently filed with the N15000002404		- -	
(Docum	nent Numbe	er of Corporation (if know	vn)
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florida Not For P</i> .	rofit Corporation adopts the following
A. If amending name, enter the new name of the	e corporati	on:	
			The new
name must he distinguishable and contain the word "Company" or "Co." may not he used in the name		ion" or "incorporated" o	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica	hle:	15600 SW 88 Street	
(Principal office address <u>MUST BE A STREET A</u>	DDRESS)	Miami, FL 33196	
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	15600 SW 88 Street	
		Miami, FL 33196	
D. If amending the registered agent and/or regis			ter the name of the
new registered agent and/or the new register			
Name of New Registered Agent:	Egleevely		
	15600 SW	/ 88 Street	
New Registered Office Address:		(Florid	la street address)
New Acquire on Office Patricks	Miami		. Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered at. Lam far	Agent: niliar with and accept the	obligations of the position.
		gleevelyn N	
_		gnature of New Registere	

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 X Remove X Add	PT John Do V Mike Je SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u>CFO</u>	Elizabeth Mederos	10870 SW 113 Place Miami, FL 33176
X Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6)ChangeAdd			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	

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The date of each amendment(s) adoption: date this document was signed.	, if other than the
11/07/2023	
Effective date if applicable: (no more than 90 days after amendment)	nt file date)
Note: If the date inserted in this block does not meet the applicable statutory fili	ng requirements, this date will not be listed as the
document's effective date on the Department of State's records.	

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

1	Dated	11/07/2023
S	Signature	Egleevelyn Nunez
·		By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
		Egleevelyn Nuncz
		(Typed or printed name of person signing)

(Title of person signing)

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