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COVER LETTER

TO: Amendment Section

Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Stella's S.T.A.R.S. N1600001101 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/ Company) Hone Rd. Unit Tallahussel, FL 32303
(City/ State and Zip Code) Stellasstarsinc@gmail.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ¥\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation
Stella's S.T.A.R.S Inc

Stella	1's 5.T. P	r. R.S	nc.
(Name of Corporation as curr		rida Dept. of State)	
	DOOD O O O O O O O O O	tnown)	
ursuant to the provisions of section 617.1006, Florida Stat mendment(s) to its Articles of Incorporation:	•	·	adopts the following
. If amending name, enter the new name of the corpor	ation:		
			The new
ame must be distinguishable and contain the word "corpo Company" or "Co." may not be used in the name.	ration" or "incorporate	d" or the abbreviation	"Corp." or "Inc."
. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRES			
	<u></u> ,		, ,
			201
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			三型 2
(Maning audress MAI BLAI OST OFFICE BOA)			一
			<u> </u>
			33 5
. If amending the registered agent and/or registered of new registered agent and/or the new registered office		, enter the name of th	<u> </u>
Name of New Registered Agent:			
New Registered Office Address:	(F	lorida street address)	
		, Florid	a
•	(City)	(Zip	Code)
ew Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am		t the obligations of the	position,
***************************************	Signature of New Regis	tered Agent, if changi	ng

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 D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	Title	Name	Address
1) Change Add Remove	<u>S</u> _	Juan Colon	1325 Stone Rd #664 Tallahassee, FL 32303
2) Change Add	<u>.</u> S	Amy Pearson	1325 Stone Rd. #604 Tallahassee, FL 32303
Remove 3) Change Add	D	Eduardo Gonzales- Lourniet	1325 Stone Rd. #604 Tallahassee, FL 32303
Remove 4) Change Add	D	Ashley Githens	1325 Stone Rd. #404 Tallahassee, FL 32303
Remove 5) Change Add	D	Sean Githens	1325 Stone Rd. #604 Tallahassee, FL 32303
6) Change Add Remove			
		Page 2 of 4	

<mark>f amending or adding ad</mark> ttach additional sheets, if	`necessary). (E	Be specific)					
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The	e date of each amendment(s) adoption:	, if other than the
date	e this document was signed.	
r ff	ective date if applicable: 3\20\17	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no nument's effective date on the Department of State's records.	t be listed as the
Ado	option of Amendment(s) (CHECK ONE)	
Ø	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 3 20 17	
	Signature (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)	
	Natalie Colon (Typed or printed name of person signing)	
	President (Title of person signing)	