

| (Red | questor's Name) | |
|---------------------------|-------------------|-------------|
| (Add | iress) | |
| (Add | dress) | |
| (City | //State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Nar | ne) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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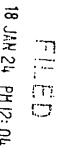
Office Use Only



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01/24/18--01015--002 **35.00

R. WHITE



COVER LETTER

TO: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

| NAME OF CORDOR | TION PLANE TIT | PAN STARS | STEEL ORCHESTRA IN | | |
|---------------------------|--|--|--|--|--|
| DOCUMENT NUMBI | ER: N1700000 | 3636 | 82 322 1670 | | |
| | f Amendment and fee are subn | | | | |
| Please return all corresp | ondence concerning this matte | r to the following: | | | |
| | SHELLE PHASE III | 4 0,0 | AL | | |
| _ | | Name of Contact Perso | on | | |
| | PHASE TTI | DAJ STA | -2.5 | | |
| _ | _ (\ 1.1.60] | Firm/ Company | | | |
| | 145 NW 198tH STREET | | | | |
| _ | Address | | | | |
| | MIAMI CA | RDENS F | LORIDA 33169 | | |
| _ | <u> </u> | City/ State and Zip Co | de | | |
| | سماله اه | · dalina | quail.com | | |
| | E-mail address; (to be used | | | | |
| | 2 mm address. (10 be date | To racine amula repor | · nomedian, | | |
| For further information | concerning this matter, please of | call: | | | |
| SHEUE | M UIDAL | at (<u>786</u> | ode & Daytime Telephone Number | | |
| Name of | Contact Person | Area C | ode & Daytime Telephone Number | | |
| Enclosed is a check for | the following amount made pay | vable to the Florida Dep | partment of State: | | |
| \$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) | | |
| Amen Divisi | ng Address Idment Section Idmon of Corporations Box 6327 | Amen Divisi | t Address dment Section on of Corporations n Building | | |

2661 Executive Center Circle Tallahassee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation of

18 JAN 24 PM 12: 04

ï

| PHASE II PAN STAR | STEEL ORCHESTRATING |
|--|---|
| (Name of Corporation as | s currently filed with the Florida Dept. of State) |
| N1700000863 | 36 |
| (Document) | Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation: | tutes, this Florida Profit Corporation adopts the following amendment(|
| A. If amending name, enter the new name of the corpor | ration: |
| | The new |
| | corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A." |
| B. Enter new principal office address, if applicable: | |
| (Principal office address <u>MUST BE A STREET ADDRES</u> | ω ω |
| | |
| | |
| C. Enter new mailing address, if applicable: | |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | |
| | WIII |
| | |
| | |
| D. If amending the registered agent and/or registered of | ffice address in Florida, enter the name of the |
| new registered agent and/or the new registered office | |
| Name of New Registered Agent | NIA |
| Hang of the regimered light | |
| | Florida street address) |
| (1 | rumua sirvet auuress) |
| New Registered Office Address: | , Florida |
| | (City) (Zip Code) |
| | |
| New Registered Agent's Signature, if changing Registere | ed Arient: |
| I hereby accept the appointment as registered agent. I am | |
| • | |
| | |
| | |
| Signature | of New Registered 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>PT</u> | John Doe | |
|--|--------------|---------------------|--|
| 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> | <u>Addres</u> s |
| 1) Change | ? | KAILAH RENICK | 324 NW 170TH STEFET |
| Add Remove | | | NORTH MIANI BEACH 71 33169 |
| 2) Change Add | <u>T</u> | KING DONALD | 324 NW 170 TH STREET NORTH MIAMI BEACH |
| ★ Remove 3) ★ Change Add Remove | ? | BAPTISTE WINSTON K. | FLORIDA 33169 324 NW 170TH STREET NORTH MIAMI BEACH FL. 33169 |
| 4) Change Add Remove | M | NEWMAN NICHOLAS | NORTH NIAMI BEACH THORIDA 33169 |
| 5) Change Add Remove | | | |
| 6) Change Add Remove | | | |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) | |
|--|---------------|
| UP BAPTISTE KEITH IS CHANGED TO | PRESIDENT |
| UP BAPTISTE KEITH IS CHANGED TO BAPTISTE WINSTON K. | |
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| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, | |
| provisions for implementing the amendment if not contained in the amendment itself: | |
| (if not applicable, indicate N/A) | |
| | |
| | _ |
| | <u> </u> |
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| | |

| The date of each amendment(s) adoption: | , if other than |
|--|--------------------------|
| Note and the description of the second secon | |
| (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 da document's effective date on the Department of State's records. | te will not be listed as |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 stateme must be separately provided for each voting group entitled to vote separately on the amendment(s): | nt |
| "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 shareholde action was not required. | r |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| Dated 01/01/2018 | |
| Dated 0101 2018 Signature | |
| Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other courappointed fiduciary by that fiduciary) | 1 |
| SHELLEY OIDAL | |
| (Typed or printed name of person signing) | |
| SECRETARY TREASURED | ح |
| (Title of person signing) | |

the

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