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Division of Corporations  
Florida Department of State  
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To: Division of Corporations  
Fax Number : (850)617-6380

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
STARR WELLNESS COLLECTIVE INC.**

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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: STARR WELLNESS COLLECTIVE INC.

DOCUMENT NUMBER: N24000000500

The enclosed *Articles of Amendment* and fee are submitted for filing

Please return all correspondence concerning this matter to the following:

Mike Town

(Name of Contact Person)

Legalzoom.com, Inc.

(Firm/ Company)

9900 Spectrum Dr

(Address)

Austin, TX 78717

(City/ State and Zip Code)

mjuarbe00@yahoo.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Town

800

773-0888 ext. 9724

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State

- |                                          |                                                                        |                                                                                                                |                                                                                                                            |
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Mailing Address

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2024-08-16 04:26:57

Articles of Amendment  
to  
Articles of Incorporation  
of

STARR WELLNESS COLLECTIVE INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N24000000500

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

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

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>SD</u>	<u>LOPEZ FONTANEZ, ROSAURA</u>	<u>231 M GROVE ST.</u>
<input type="checkbox"/> Add			<u>EUSTIS, FL 32726</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>SD</u>	<u>Rosaura Lopez-Fontanez</u>	<u>231 M GROVE ST.</u>
<input checked="" type="checkbox"/> Add			<u>EUSTIS, FL 32726</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			



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