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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Seven Stars General Contractor Inc					
DOCUMENT NUMBER: PO 3000026710					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
John E Shikar Name of Contact Person Seven Stars General Gortractor Inc					
7000 NW 49 th Street Address					
Laudethill, FL 33319 City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Nanay Shirlar Parson as (954), 993-1897					
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:					
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					

Articles of Amendment

tò Articles of Incorporation CHEELD SELBETARY OF STATE DIVISION OF CORFORATION

d was of suce of	of	· utcadan-	1	2016 SEP 26	PM	3: 34
Seven Stars G	THE ALL C	()	Dept. of Star	<u>te</u>)		
P0300002	6710					
(Doc	ument Number of	Corporation (if known)				
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ida Statutes, this I	Florida Profit Corporat	tion adopts the	e following amend	nent(s) to
A. If amending name, enter the new name of the	corporation:					
Not Applical	ile			The no	ew	
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the	ord "corporation rp," "Inc," or "C	Co". A professional co	scorporated." orporation na	or the abbreviati me must contain i	on he	
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)		Not A	PPLICAL	Ve	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>80X</u>)				<u>-</u>	
D. If amending the registered agent and/or registered agent and/or the new registered				,	-	
·		pplicable				
Name of New Registered Agent	1000 7	7 pricina C				
	(Florida stre	et address)				
New Registered Office Address:		(7)	, Florida		_	
	((City)		(Zip Code)		
New Registered Agent's Signature, if changing R	egistered Agent:					
I hereby accept the appointment as registered agent	. I am familiar w	ith and accept the oblig	gations of the p	position.		
Si	gnature of New Re	egistered Agent, if chang	ging			

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	\bigvee	Michael Etienne	4026 Inverrary Blo APT #: 1506
X Add			APT #: 1506
Remove			Lauderhill, FC 3331
2) Change	<u>-</u>	_	
Add			
Remove			W170313-1-3011-1
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Auach additional sheets, if necessary). (Be specific)	
not Applicable	
,	
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)	
not Applicable	

The date of each amendment(s) adoption:	Sytember	22,2014 contre	, if other than the.
date this document was signed.	,		AUSION OF CORFORALLIS
Effective date if applicable:	Not Appl	ionble_	
	(no more than 90 days after o	amendment file date)	2018 SEP 26 PM 3: 34
Note: If the date inserted in this block does a document's effective date on the Department of		y filing requirements, the	nis date will not be listed as the
Adoption of Amendment(s)	IECK ONE)		
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		otes cast for the amendr	nent(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting			
"The number of votes cast for the ame	ndment(s) was/were sufficient for	or approval	
by	ting group)		
(vo	ting group)		
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without share	eholder action and share	holder
The amendment(s) was/were adopted by the action was not required.	incorporators without sharehold	der action and sharehold	er
Dated 9/22	16		
Signature	e Da		
(By a director, pres	sident or other officer - if direct		
	orporator – if in the hands of a r y by that fiduciary)	eceiver, trustee, or other	court
appointed reading) .	_	
	John & Shik	ar	
	(Typed or printed name of person	on signing)	·····
7	President		
****	(Title of person sign	ning)	