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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: All American Fire	Inspections, Inc.				
DOCUMENT NUMI	P03000050716					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corres	spondence concerning this ma	atter to the following:				
	Christopher Greenfield, Esq.					
		Name of Contact Person	1			
		Firm/ Company				
	P.O. Box 801706					
	Address Aventura, Florida 33280-1706					
	City/ State and Zip Code					
	aeglawyer@aol.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	o concerning this matter, pleas	se call:				
Christopher Greenfield	d, Esq.	305 at () 557-2286 de & Daytime Telephone Number			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address 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

All American Fire Inspections, Inc.				
	of Corporation as curre	ntly filed with the Florida De	ot. of State)	
P03000059716				· · · · · ·
	(Document Numbe	r of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	sis Florida Profit Corporation a	adopts the following	g amendment(s
A. If amending name, enter the new n	ame of the corporation:			
Venti Stars of South Florida Inc.				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "("chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation ,	" or the abbreviation mame must contain	n "Corp.,"
B. Enter new principal office address,		2484 Provence Circle	<u> </u>	127
Principal office address MUST BE A S	TREET ADDRESS)	Weston, Florida 33327		3
				2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2484 Provence Circle		FH 5
		Weston, Florida 33327		
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	id/or registered office ad w registered office addre	Idress in Florida, enter the na	me of the	
	2484 Provence Circle			
	(Florida .	stree: address)		
New Registered Office Address:	Weston , Florida			
		(City)	(Zip Co	ode)
New Registered Agent's Signature, if c hereby accept the appointment as regist	hanging Registered Age ered agent. I am familia	nt: r with and accept the obligation	ns of the position.	
	Signature of New	Registered Agent, if changing		
Check if applicable ☐ The amendment(s) is/are being filed p	ursuant to s. 607.0120 (11) (e). F.S.		

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; CE() = 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:

<u>X</u> Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) X Change	P	- -	Bassam Salem	2484 Provence Circle
Add				Weston, Florida 33327
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				-1
6) Change		_		
Add				
Remove				

	ts, if necessary).	(Be specific)			
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	·				
f an amendment prov	ides for an excha	ange, reclassification	n, or cancellatio	n of issued shar	res.
provisions for implem (if not applicable,	indicate N/A)	iument ii not contai	ned in the amer	iament itself:	
(9 0]///					
	<u> </u>	 			
					<u> </u>

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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
5		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, the	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholde	r action and shareholder
■ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amends sufficient for approval.	ment(s)
	oproved by the shareholders through voting groups. The following st reach voting group entitled to vote separately on the amendment(s).	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Novembe Dated	12, 2024	
select	director, president or other officer – if directors or officers have not bed, by an incorporator – if in the hands of a receiver, trustee, or other sted fiduciary by that fiduciary)	
	Bassam Salem	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	