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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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سرهام



TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: SUS	I AATZ	NC
DOCUMENT NUMBE	r: <u>P0400009</u>	14158	
The enclosed Articles of	Amendment and fee are sub	omitted for filing.	
Please return all correspondent	ondence concerning this mat	ter to the following:	
·	Sami Alma	swari'	<u> </u>
·	SUS ST	Firm/ Company	·
		Firm/ Company	
	4652	River D	Y
		Address	
	Maday	Address Address City/State and Zip Code	uci L.
-	, la van	City/State and Zip Code	
		,	
	Sami 123450.	s@ Yokeo. Comed for future annual report	1
****	E-mail address: (to be us	ed for future annual report	notification)
	concerning this matter, pleas		
Sami Almas	wari	at (850	272-7315
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	urtment 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)
Amer Divis P.O. I	ng Address Idment Section Idmon of Corporations Box 6327 Inassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

SUS STAR	LNC	:	
(Name of Corporation as currentl	y filed with the Florida De	ept. of State)	
P0400009413			<u> </u>
(Document Number	r of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	rida Statutes, this <i>Florida P</i>	Profit Corporation adopts the fol	lowing amendment(s) t
A. If amending name, enter the new name of the	e corporation:		
			The new
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or	orp," "Inc," or "Co". A		
B. Enter new principal office address, if applica			
Principal office address <u>MUST BE A STREET A</u>	(DDRESS)		
			
•			
C. Enter new mailing address, if applicable:	BOV:		
(Mailing address MAY BE A POST OFFICE	<u> </u>		
			
D. If amending the registered agent and/or regi	Seemed office address in El	onido anton the name of the	
new registered agent and/or the new register		orida, enter the name of the	
Name of New Registered Agent			
Trume of New Registerea Agent			
	(Florida street addres		
	(1 10) (110 0) 000 110111 00		
New Registered Office Address:	(City)	, Florida(Zip Cod	de)
		· (1.4% - 2.4%	
New Registered Agent's Signature, if changing	Registered Agent:		
l hereby accept the appointment as registered age.		accept the obligations of the pos	ition.
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>Nar</u>		•		<u>Addres</u> s	
1) Change	P	_ 4	Pady	a Alm	aswan	46521 Mariana 32440	River D
Add		,				Mariano	19,EL
Remove						32440	<u> </u>
2) Change			<u>-</u>	··	: 	<u> </u>	·
Add		•					
Remove							
3) Change	. —						<u> </u>
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Remove							
4) Change			·		<u> </u>		
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5) Change							
Add							
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6) Change		- -					
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an ameno	dment provid	les for an exch	ange, reclassifi	cation, or	cancellation	of issued shar	es,
<u>rovisions</u>	for impleme	nting the amer	ndment if not c	ontained i	in the amend	ment itself:	
(if not	applicable, in	idicate N/A)	:		•		
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In more than 90 days after amendment file date) Adoption of Amendment(s) 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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval by	
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must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval	•
· · · · · · · · · · · · · · · · · · ·	
by" (voting group)	
(voting group)	
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The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	
action was not required.	
Dated 10 UIV	
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 court appointed fiduciary by that fiduciary)	
Sami Alma Swa Vi (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	