## P06000137551

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: RockStar Services, Inc. DOCUMENT NUMBER: P06000137551 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Made In Bruzil Services 12811 Konwood Jane Suite 208 For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **■**\$43.75 Filing Fee & ☐\$43.75 Filing Fee & \$52.50 Filing Fee ☐ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

## **Articles of Amendment** to Articles of Incorporation

of

	Rockstar Gen	rices Inc.	_	
(Name)	of Corporation as current	ly filed with the Florida Dep	t. of State)	
	106000013	<b>4551</b>		
	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation a	dopts the following	g amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
	N	/Å		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contain "Chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation r	or the abbreviation of the must contain	on "Corp.,"
B. Enter new principal office address, (Principal office address MUST BE A S		N/A	<u></u>	<del></del>
			r-	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		: 
				, , , , , , , , , , , , , , , , , , ,
				<u>5</u>
D. If amending the registered agent ar new registered agent and/or the new			me of the	15: 15:
Name of New Registered Agent	NA			-
	(Florida e	reet address)		-
		recrumeressy		
New Registered Office Address:	N/A	(City)	_, Florida(Zip (	Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	thanging Registered Agen tered agent. I am familiar	t: with and accept the obligation	ns of the position.	
	Simulation of Management of Ma	N/A Registered Agent, if changing		-
	Signature oj tvew i	vegisierea Ageni, ij changing		
Check if applicable  ☐ The amendment(s) is/are being filed p	oursuant 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)

Example:

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.

X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>ŞV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	Manager	Rodrigues Costa, Victor	Apt # 2410
Remove 2) Change	_YPD_	Schoavencerst, Elida 9.	Forl Myers, FL 33907 5526 Berryman St. Lehigh Acres, FL 33971
Remove Change Add	YPD_	Fernandes, Anderson T.	Cape Obral , FL 33914
Add Remove  Add			· · ·
Remove 5) Change Add			
Remove  6) Change  Add  Remove			

E. If amending of	or adding additional Arti	cles, enter change(s)	<u>here</u> :		
	onal sheets, if necessary).	(Be specific)			
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F. If an amendm	nent provides for an exch or implementing the ame	ange, reclassification	, or cancellation of issu	ed shares.	
(if not an	oplicable, indicate N/A)	adment ii not contain	ied in the amendment i	<u>tsen.</u>	•
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The date of each amendment(s) adoption: date this document was signed.	N/A	, if other than the
Effective date if applicable:	N <i>ik</i>	
	(no more than 90 days after amendment	file date)
<b>Note:</b> If the date inserted in this block does not document's effective date on the Department of		quirements, this date will not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)	
The amendment(s) was/were adopted by the action was not required.	incorporators, or board of directors witho	ut shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a		or the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting		
"The number of votes east for the amer	idment(s) was/were sufficient for approva	ıl
by	NIA	**
	ing group)	<i>-</i> '
selected, by an inco appointed fiduciary	on 12020  Jasu  Ja	ustee, or other court
(	Title of person signing)	