# 109000024990

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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION:OCE	EAN STAR OF MIAMI CO	DRP		
DOCUMENT NUMBE	OCUMENT NUMBER: P09000024990				
The enclosed Articles of	**************************************	ibmitted for filing.			
Please return all corresp	ondence concerning this ma	atter to the following:			
		DANY ZEQUEIRA			
_		Name of Contact Perso	n		
_	*****	Firm/ Company			
		24642 SW 112 CT			
_		Address			
		HOMESTEAD, FL 3303	2		
_	11.	City/ State and Zip Cod	e		
	MAR	TIN.MARIA.TAX.SERVE	CES@GMAIL.COM		
···-		sed for future annual report	-		
	concerning this matter, pleary ZEQUEIRA	se call: 786	431-6104		
Name of Contact Person			ode & Daytime Telephone Number		
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:		
S35 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)		
Amen Divisi P.O. F	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations a Building Executive Center Circle assec, FL 32301		

## Articles of Amendment Articles of Incorporation



#### OCEAN STAR OF MIAMI CORP

## (Name of Corporation as currently filed with the Florida Dept. of State) P09000024990 (Document Number of Corporation (if known)

nt(s) to

its Articles of Incorporation:  A. If amending name, enter the new name of the	ve cornoration:	
A. If amending hame, enter the new hame of the	ie corporation.	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "Co". A profession	The nev "incorporated" or the abbreviation al corporation name must contain the
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> </u>	
D. If amending the registered agent and/or reg new registered agent and/or the new registe		er the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing	Registered Agent:	
I hereby accept the appointment as registered ago	ent. I am familiar with and accept the	obligations of the position.
	Signature of New Registered Agent, if o	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: XChange	<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>Name</u>	<u>Addres</u> s	
1) Change	P	GISELLE LEIVA PEDRAZA	24642 SW 112 CT	
X Add			HOMESTEAD, FL 33032	
Remove				
2) X Change	VP	DANY ZEQUEIRA	24642 SW 112 CT	
Add			HOMESTEAD, FL 33032	
Remove				
3 ) Change				
Add				
Remove			<del></del> -	
4) Change				
Add				
Remove			<u> </u>	
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
•	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument it not contained in the amendment user.

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Depart	ick does not meet the applicable statutory filing requirements, this date artment of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	t
"The number of votes cast to	or the amendment(s) was/were sufficient for approval	
by	,``	
, <del></del>	(voting group)	
☐ The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action and shareholder	
	03/20/2018	
DatedSignature	7	
(By a dir select.	ector president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	<del> </del>
	DANY ZEQUEIRA	
_	(Typed or printed name of person signing)	<del></del>
	CURRENT PRESIDENT	
-	(Title of person signing)	<del></del>