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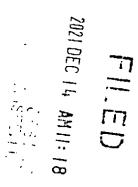
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C. BRUMBLEY JAN - 5 2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: STAR SERVICES OF AMERICA INC.				
DOCUMENT NUMBER: 20900090281				
The enclosed Articles of Amendment and fee are submitted for filling.				
Please return all correspondence concerning this matter to the following:				
CARLOS LOZANO Name of Contact Person				
STAR SERVICES OF AMERICA, INC.				
30222 PONNINGTON LOOP Address				
Address				
MOUNT DOSA, EL 32757				
Address Mour 1007 A, FL 32757 City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contact Person at (LIO7) SQ 2 - 184-1 Name of Contact Person Area Code & Daytime Telephone Number				
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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303				

Articles of Amendment to Articles of Incorporation of

STAR SERVICES OF	- AMEZICA INC.	
(Name of Corporation as cu	urrently filed with the Florida Dept. of State)	
709	IXSOPOODF	
(Document Nut	imber of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) tc
A. If amending name, enter the new name of the corporati	tion:	
	The new	
name must be distinguishable and contain the word "corporatio". Inc.," or Co.," or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word "P.A."	
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS))	
	202	
C. Enter new mailing address, if applicable:	EC	
(Mailing address MAY BE A POST OFFICE BOX)		
	Miller De Company	ĺ
		1
	7	ŧ.
D. If amending the registered agent and/or registered offic	ice address in Florida, enter the name of the	
new registered agent and/or the new registered office ac		
Name of New Registered Agent		
	orida street address)	
(רוטו	maa sireet aaaressij	
New Registered Office Address:	, Florida (Zip Code)	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered	Avent	
I hereby accept the appointment as registered agent. I am fan		
0. 71	Chr. D. C. L. C. L.	
Signature of t	New Registered Agent, if changing	
Charle if applicable		

Check if applicable

☐ The amendment(s) is/are being filed pursuant 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: 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 De	<u>ie</u>					
<u>Х</u> Кеточе	$\underline{\mathbf{Y}}$	Mike Jo	nes					
X Add	\underline{SV}	Sally Sr	nith					
Type of Action (Check One)	<u>Title</u>		Name			<u>Addres</u> s		
1) Change	7		V10707	2 RAUL	LOZONO	30222	NOT9111100	1001
X Add						THUOM	17 ,2500 ·	
Remove						32757		
2) Change	\mathcal{D}	<u>.</u>	ANA BX	OLENA 1	LOZEDA	30222	DOHNINGTO	oos u
X Add						HOUNT	DOSV Er	
Remove 3) Change	·	_				327	<u>57</u>	
Add								
Remove								
4) Change								
Add								
Remove								
5) Change		_						
Add							***************************************	
Remove								
6) Change		_		 				
Add								
Remove								

If un 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)	(Attach additional sheets, if necessary).	(Be specific)
provisions for implementing the amendment if not contained in the amendment itself:		
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(if not applicable, indicate N/A)	provisions for implementing the ame	endment if not contained in the amendment itself:
	(if not applicable, indicate N/A)	
	· ·	
** ****		

The date of each amendment(s) adoption:date this document was signed.	DECEMBEZ 10, 2021, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does a document's effective date on the Department of	not meet the applicable statutory filing requirements, this date will not be listed as the f State's records.
Adoption of Amendment(s) (CI	HECK ONE)
☐ The amendment(s) was/were adopted by the action was not required.	incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the hy the shareholders was/were sufficient for	shareholders. The number of votes east for the amendment(s) approval.
	ne shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the ame	endment(s) was/were sufficient for approval
by	ting group)
(vo	ting group)
· · · · · · · · · · · · · · · · · · ·	ident or other officer - if directors or officers have not been
	orporator - if in the hands of a receiver, trustee, or other court y by that fiduciary)
	CUSIOS FOSUNO
	(Typed or printed name of person signing)
	(Title of person signing)
	(Title of person signing)