P11000016514

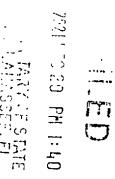
(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	DRATION: USA MOONSTAR	R GROUP CORP	
	1BER:		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	EDA OZISIK		
		Name of Contact Persor	1
	USA MOONSTAR GROUP	CORP.	
		Firm/ Company	
	13736 Biscayne Blvd.		
		Address	
	North Miami Beach Fl, 3318	1	
		City/ State and Zip Code	e
	usamoonstargroup@yahoo.cc	om	
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
Eda Ozisik		786	9163403
Name	e 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:
■ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ai Di	ailing Address nendment Section vision of Corporations O. Box 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

USA MOONSTAR GROUP CORP.

(Name	of Corporation as curren	tly filed with the Florida De	ept. of State)	
P11000016514				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation	adopts the following	ng amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
N/A				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contain the contain and contain the	Corp," "Inc," or "Co".	A professional corporation		on "Corp.,"
B. Enter new principal office address,				13 7
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	N/A		
			7.7	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N	i/A ξή	引星り
D. If amending the registered agent an new registered agent and/or the new			name of the	
Name of New Registered Agent	Ali U Aktan			_
	3040 NE 190 STREET #	108		
	(Florida s	treet address)		
New Registered Office Address:	Aventura		, Florida 33180	
		(City)		Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	thanging Registered Ages tered agent. I am familian	ਖ਼: with and accept the obligati	ions of the position.	
)		
	Signature of New	Registered Agent, if changing	g	_
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)

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)	Title	<u>Name</u>	Address
1) Change	PSD	ALI U AKTAN	3040 NE 190 STREET # 108
X Add		_	Aventura Fl. 33180
Remove			
2) Change	PSD	EDA OZISIK	18101 Collins Avenue # 907
Add			Sunny Isles Beach Fl, 33160
X Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u>.</u>		
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sh	ng additional Artic eets, if necessary).	(Be specific)			
				· ·	
			_ 		
				·	
		N/A			
		1773			<u> </u>
					•
an amendment p	ovides for an excha	nge, reclassification	on, or cancellati	on of issued sha	res,
rovisions for imp	ementing the amen	dment if not conta	ined in the ame	ndment itself:	
(if not applicab	le, indicate N/A)				
- 111			· •		
	N/A		•		
	1977	`			
			 		
					<u> </u>
	 				

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	12/17/2021	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
01	/01/2022	
Effective date if applicable:	<u> </u>	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as th
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 shareholder a	ction and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	ent(s)
	pproved by the shareholders through voting groups. The following stator each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	N/A	
oy	(voting group)	
12/17/20		
Dated	<u> </u>	
Signature		<u> </u>
selec	director, president or other officer – if directors or officers have not be ted, by an incorporator – if in the hands of a receiver, trustee, or other cinted fiduciary by that fiduciary)	
	EDA OZISIK	
	(Typed or printed name of person signing)	
	PSD	
	(Title of person signing)	