P11000067295

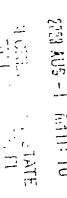
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COVER LETTER

NAME OF CORPORATION: STAR ISLAND CORP

TO: Amendment Section
Division of Corporations

DOCUMENT NUMBER:	P11000067295		
The enclosed Articles of Amendme	ent and fee are submitted for filing.		
Please return all correspondence co	ncerning this matter to the following:		
	Doug Berry		
	Name of Contact Person		
	Name of Contact Person Star Island Corp Firm/Company		
	Firm/ Company		
40	9 NW 28th Court Address		
-	Address		
wij	Iton Manors Florida 33311		
	City/ State and Zip Code		
	douglasherry 1 @ gmail.com		
E-mail a	address: (to be used for future annual report notification)		
For further information concerning	·		
Doug Berry	at (754) 207 - 3980 Area Code & Daytime Telephone Number		5823
Name of Contact Pe	rson Area Code & Daytime Telephone Number		
Enclosed is a check for the following	ng amount made payable to the Florida Department of State:		1
<u> </u>	25 Filing Fee & Substitute Status Status Status (Additional copy is enclosed) Status Status Status Status Certificate of Status Certified Copy (Additional Copy is enclosed)	FATE	Mill: 10

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corpora	ation as currently filed with the Florida Dept. of State)	
· · · · · · · · · · · · · · · · · · ·	0067295	
(Doct	ument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following	; amendment(s)
A. If amending name, enter the new name of the	corporation:	
	"corporation," "company," or "incorporated" or the abbreviatio c," or "Co". A professional corporation name must contain previation "P.A."	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>	
D. If amending the registered agent and/or registered agent and/or the new registered	tered office address in Florida, enter the name of the ed office address:	CIPS AUG -1
Name of New Registered Agent		हा
	(Florida street address)	
New Registered Office Address:	, Florida (Zip C	ode)
New Registered Agent's Signature, if changing Relative I hereby accept the appointment as registered agent.	degistered Agent: I am familiar with and accept the obligations of the position.	
Sig	gnature of New Registered Agent, if changing	

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)

Example:

Remove

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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>\$V</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>T</u>	Sherwood, Raymond J	Wilton Manois FL 33311
Add Remove			Wilton Manors FL 33311
2) Change			
Add			
Remove 3) Change			
Add			
Remove			2023
4) Change			2023 AUG -
Add			
Remove			
5) Change			
Add			L'IF O
Remove			
6) Change			
Add			

Attach additional sheets, if necessary).	(Be specific)	
		2.45
If an amendment provides for an exchar	nge, reclassification, or cancellation of issued shares,	7 7 6
(if not applicable, indicate N/A)	ment if not contained in the amendment itself:	7.E
		• -
N/A		717
•		
		пі.,
 		
		L AILE
		· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) addate this document was signed.	doption: January 1, 2023	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date with partment of State's records.	Ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action an	d shareholder
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	
	proved by the shareholders through voting groups. The following statement 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)	
DatedJu	14 18 2023 Dong Brang	
(By a di selected	irector, president or other officer—if directors or officers have not been d, by an incorporator—if in the hands of a receiver, trustee, or other court red fiduciary by that fiduciary)	~
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	-1C
	President	17 25
	(Title of person signing)	
		AM III 10
		ET ATE
		1 - •