## P12000023750

(Da	L.T. L. J. KIL IV	
(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: STARS C		
DOCUMENT NUMBER: P120000237	<u></u>	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
AHMAD MUSTA	AFA:	
	Name of Contact Perso	on
STARS CUT IN	С	
	Firm/ Company	
15904 ELLSWC	RTH DR.	
	Address	
TAMPA, FL. 336	647	
	City/ State and Zip Coo	de
BASSAMJ2007@Y	AHOO.COM	
E-mail address: (to be	used for future annual report	t notification)
For further information concerning this matter, ple	ase call:	
BASSAM J SALEH	at (813	, 760-7658
Name of Contact Person		ode & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Dep	artment of State:
\$35 Filing Fee  \$35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

STARS CUT, INC.			
(Name of Corporation as currently filed	d with the Florida Dept. of S	tate)	
P12000023750			
(Document Number of Co	orporation (if known)		
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	tatutes, this Florida Profit Co	rporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corp	oration:		
			The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc," or "Co". A profession	or "incorporated" or the ab onal corporation name must c	breviation contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.)	ESS )	A.C. A.H.	12 AP
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SSE FLONIDA	FILED 1-3 AH 9:51
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	office address in Florida, el fice address:	nter the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	(City)	, Florida	
	(City)	(ZIP Code)	
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	ered Agent: m familiar with and accept th	e obligations of the position.	
Signature of New	Registered Agent, if 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: X Change	<u>PT</u>	John Doe		
X Remove	$\underline{\mathbf{v}}$	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change Add Remove	PRES.	AHMAD MUSTAFA	15904 ELLSWORTH DR. TAMPA, FL. 33647	
2) Change Add Remove	P	HADEEL SAID	15904 ELLSWORTH DR. TAMPA, FL. 33647	
3) Change Add Remove	<del></del>			_
4) Change Add Remove				
5) Change Add Remove				
6) Change Add Remove				_

L. If amending or adding additional Articles, enter change(s) here: ( attach additional sheets, if necessary). (Be specific)		
<u>If a</u>	n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	

The date of each amendment(s) ac	loption: 03/09/2012
Effective date if applicable: 03	/09/2012
Effective date in applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
Бу	(voting group)
	(voting group)
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated 03/26/2	2012
Dated 03/26/2	land
(By a di	rector, president or other officer - if directors or officers have not been
	I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
• •	
_	HADEEL SAID
	(Typed or printed name of person signing)
	PRES.
-	(Title of nercon signing)