P13000090253

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: STARS FLOORIN	NG CORP.	
DOCUMENT NUMB	ER: P13000090253		
The enclosed Articles of	f Amendment and fee are sub	mitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
3	Maria Aparecida Mendanha		
-		Name of Contact Person	
-		Firm/ Company	
:	2867 orange picker rd		
-		Address	
	lacksonville, Fl 32223		
-		City/ State and Zip Code	
ı	oere661@hotmail.com		
-	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
Maria Aparecida Meno	lanha	at (at)
Name o	f Contact Person	Arca Coo	le & Daytime Telephone Number
Enclosed is a check for	the following amount made [payable to the Florida Depa	rtment of State:
\$35 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)
Ame Divi	ing Address ndment Section sion of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Ξ	CTA	DC	CI	CODING CORP.

(Name of Corporati	ion as currently	filed with the Florida	Dept. of State)	
P13000090253				
(Docur	ment Number of (Corporation (if known)		
Pursuant to the provisions of section 607,1006, Floridits Articles of Incorporation:	la Statutes, this Fi	lorida Profit Corporati	ion adopts the followin	ng amendment(s) to
A. If amending name, enter the new name of the c	orporation:			
				The new
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered." "professional association," or the abbro	." or "Co". A	mpany," or "incorpore professional corporati	nted" or the abbreviation name must contai	on "Corp" in the word
B. Enter new principal office address, if applicable				
(Principal office address <u>MUST BE A STREET AD</u>	DRESS)			
				
C. Enter new mailing address, if applicable:	OV:			
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>(7A</u>)			
D. If amending the registered agent and/or register	ered office addre	ss in Florida, enter th	e name of the	
new registered agent and/or the new registered	l office address:			
Name of New Registered Agent	<u> </u>			_
				_
	(Florida stree	et address)		
New Registered Office Address:		·	, Florida	
	(0	City)	(Zip	Code)
New Registered Agent's Signature, if changing Re	gistered Agent:			
I hereby accept the appointment as registered agent.	l am familiar wi	th and accept the oblig	gations of the position.	
Sign	nature of New Res	gistered Agent, if chang	ging	_
	•			

Check if applicable
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 = Chairmon 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	<u>PT</u>	John Doc	
X Remove	\underline{V}	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Hicer	Paulo Mendanha	2867 orange picker rd
Add			Jacksonville, FL 32223
X Remove			
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			<u> </u>
Кетюче			
5) Change			
Add			
Кепюус			
6) Change			
Add			
Remove			

ach additional sheets, if necessary).	(Be specific)			
•				
			 -	
			····	
to Array Salay Pagana and and		on concellation of it	enal charm	
n amendment provides for an exch- ovisions for implementing the amer	idment if not contain	ed in the amendmen	t itself:	
(if not applicable, indicate NA)				
				
				· · · · · · · · · · · · · · · · · · ·

The date of each date this document	h amendment(s) adoption:
Effective date i	f applicable: (no more than 90 days after amendment file date)
Note: If the da	te inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to ctive date on the Department of State's records.
Adoption of Ar	nendment(s) (CHECK ONE)
The amendmaction was no	cut(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder of required.
	hent(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) holders was/were sufficient for approval.
☐ The amendn must be sepe	cent(s) was/were approved by the shareholders through voting groups. The following statement arately provided for each voting group entitled to vote separately on the amendment(s):
"The n	umber of votes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
	Omed 05-17-2024
	Signature Maria Aparecida Mendanlia
	(By a director, president brother officer – if directors or officers have not been
	selected, by an incorporator – if in the hands of a receiver, trustee, or other coun appointed fiduciary by that fiduciary)
	Maria Aparecida Mendanha
	(Typed or printed name of person signing)
	President
	(Title of person signing)