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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Five Star Villas In	c.	
DOCUMENT NUM	IBER: P13000100516		
	es of Amendment and fee are su	abmitted for filing.	
Please return all corr	respondence concerning this ma	atter to the following:	
	Anthony Lavalle		
	-	Name of Contact Perso	n
	Five Star Villas Inc.		
		Firm/ Company	
	132 Clyde St., Suite 7		
		Address	
	West Sayville, NY 11796		
		City/ State and Zip Cod	e
alav	alle@fivestarvillasinc.com		
		sed for future annual report	notification)
		to the second second second	
For further informati	on concerning this matter, pleas	se call:	
Anthony Lavalle		631	337-2258
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:
S35 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)
	illing Address		Address
Amendment Section			lment Section
Division of Corporations P.O. Box 6327			m of Corporations Building
Tallahassee, FL 32314			xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

Five Star Villas Inc.			
(<u>Name</u>	of Corporation as curre	ntly filed with the Florida Dept. of	State)
P13000100516			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, th	is <i>Florida Profit Corporation</i> adopts	the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corporation	d" or the abbreviation
R Enter new principal office address	if annlieable:	855 Assembly Ct.	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		Kissimmee, FL 34747	19 SE(
			A R
			S 2 7
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		132 Clyde St., Suite 7	es em
(maing address mar m. aroar or rich box)		West Sayville, NY 11796	100 H
			
D 16 P 1			
D. If amending the registered agent an new registered agent and/or the ne			<u>the</u>
Name of New Registered Agent	Anthony Lavalle		
	855 Assembly Ct.		
	(Florida :	street address)	
Vinu Buristanud Office Address	Kissimmee	ra.	24747
New Registered Office Address:		Flo (<i>City</i>)	rida(Zip Code)
		(City)	(Zīp Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			he position
, , , , , , , , , , , , , , , , , , , ,	1		nc position.
	Just 4 Mil	1/10	
	Signature of New	Registered Ayent, 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: XChange	<u>PT</u> .	John Doe	
X Remove	<u>V</u> <u>i</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Cesar Lopez	8117 Pomo Dr.
Add X Remove			Kissimmee, FL 34747 APR 22 LAH SSS
2) Change Add Remove			Z2 AH II OS
3) Change Add Remove			
4) Change Add Remove			
5) Change Add			
Remove			
Add			

E. <u>If amending or adding additional Articles, enter change(s) here:</u> (Attach additional sheets, if necessary). (Be specific)		
		<u>-</u> -
· · · · · · · · · · · · · · · · · · ·		
	SE'	
	APR.	7
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	22 55E	
provisions for implementing the amendment if not contained in the amendment itself:		T
(if not applicable, indicate N/A)	F (C)	Ö

The date of each amendment(s) adoption:	April 15, 2019	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does locument's effective date on the Department	s not meet the applicable statutory filing requirements, this date of State's records.	will not be listed as th
Adoption of Amendment(s) (<u>C</u>	CHECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for the amendment(s) or approval.	
	the shareholders through voting groups. The following statemen ng group entitled to vote separately on the amendment(s):	1
"The number of votes cast for the an	nendment(s) was/were sufficient for approval	
by	voting group)	-4
<i>(</i> 1	voting group)	19 SE
☐ The amendment(s) was/were adopted by the action was not required.	ne board of directors without shareholder action and shareholder	2 N
The amendment(s) was/were adopted by the action was not required.	ne incorporators without shareholder action and shareholder	ED 2 ANII 106
Dated	T. Musilia	DRIDA
Signature/WW	y swall	
	Esident or other officer – if directors or officers have not been acorporator – if in the hands of a receiver, trustee, or other court	
	ary by that fiduciary)	
Anthony	Lavalie	
	(Typed or printed name of person signing)	
President		

(Title of person signing)