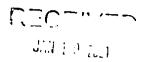
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(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
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2021 JAN 19 PH 5: 15 SECRETARY OF STATE

3/2/21

TO: Amendment Section Division of Corpora		
NAME OF CORPORA DOCUMENT NUMBE	TION: Star Staff INC. 18: 7/4000083886	-
The enclosed Articles of	Amendment and fee are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
_	James Vadella	
	Name of Contact Person	
_	STANStaff, INC	
	6146 ARlington Circle	
	Melburne F1 32940 City/ State and Zip Code	
	City/ State and Zip Code	
	avery @ starsta.A. us	
-	E-mail address: (to be used for future annual report notification)	
For further information co	oncerning this matter, please call:	
Aven	Vadella at 703, 86424	48
Name of	Contact Person Area Code & Daytime Telephone Number	
inclosed is a check for th	he following amount made payable to the Florida Department of State:	
D 535 Filing Fee	Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)	

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

Articles of Incorporation	
StarStart, No	FILED
(Name of Corporation as currently filed with the Florida Dept. of State)	
	111 10 DV F. IF
(Document Number of Corporation (if known)	2021 JAN 19 PM 5: 15
insuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following section: If amending name, enter the new name of the corporation:	ing amendment/state.
Articles of Incorporation	""" SECRETARY OF STATE
If amending name, enter the new name of the corporation:	TALLAHASSEE, FL
and the new name of the corporation;	
	The new
me must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbres	*
nc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must co hartered, ""professional association," or the abbreviation "P.A."	ntain the word
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS)	 _
ANDRESS (MOST HEN STREET ANDRESS)	
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE ROX)	
	
-	-
If amending the registered quest and/or aminton d. 62 and d. co.	
If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address;	
Nume of New Registered Agent	
<u></u>	
(l'lorida street address)	
New Registered Office Address: Florida	
	(up Code)
·	ay control
o Registered Agent's Signature, if changing Registered Agent:	
reby accept the appointment as registered agent. I am familiar with and accept the obligations of the position	on
	<u>-</u>
Iknature of New Registered Agent, if changing	
ck if applicable	

The amendment(s) is/are being filed pursuant to s, 607.0120 (11) (e), F.S.

address of each Officer (Attach additional sheets Please note the officer/d P = President; V= Vice Executive Officer; CFO President, Treasurer, Di Changes should be note a change, Mike Jones le Mike Jones, V as Remov	and/or D s. if necess irector titl President Chief Fi irector wo d in the fo uves the c	hirector being ad hary) le by the first lette i: T= Treasurer; inancial Officer, uld be PTD, llowing manner, orporation, Sally	ded: r of the office t S= Secretary; If an officer/dir Currently John Smith is named	itle: D= Director; TR= Tr ector holds more than 1 Doe is listed as the F	irector being removed and title, name, and istee: C = Chairman or Clerk; CEO = Chief one title, list the first letter of each office held ST and Mike Jones is listed as the V. There is sould be noted as John Doe, PT as a Change.	
Example: XChange	14	John Doc				
X Remove	<u>Y</u>	Mike Jones				
X Add	<u>\$v</u>	Sally Smith				
Type of Action Check One)	<u>Title</u>	Name		<u> </u>	Address	,
) Change Add	Pre;1	dem <u>J</u>	Tames	Vadella	6146 ARlington CI Melburene F1 3	rle 2910
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The date of each amendment(s) adu- date this document was signed.	ption:
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bloodocument's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(CHECK QNE)
The amendment(s) was/were adopt action was not required	red by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes east for the amendment(s) icient for approval.
The amendment(s) was/were appromust be separately provided for ea	oved by the shareholders through voting groups. The following statement inch voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	r the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
Dated/_/	12021
Signature By a direct	The state of the s
(By a dire selected,	president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
(By a dire selected,	by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary) Tames Vade 11a
(By a dire selected,	ty an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary) Tames Vade IIa (Typed or printed name of person signing)
(By a dire selected,	by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary) Tames Vade 11a