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TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: EUROSTAR COM	APANY	
DOCUMENT NUM			
	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	SAMIR CHAHME		
		Name of Contact Person	n
	EUROSTAR COMPANY		
		Firm/ Company	
	6915 US HWY 301S		
		Address	
	RIVERVIEW, FL 33578		
		City/ State and Zip Cod	c
SAM	IRCHAHME@HOTMAIL.C	ОМ	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
JUAN A JIMENEZ		at (⁸¹³	643-7507
Name of Contact Person		at (813) 643-7507 Area Code & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□S43.75 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

EUROSTAR COMPANY				
(Name of Corporation	n as currently filed	with the Florida Dept. of State)	_
P15000025213				
(Docume	ent Number of Corpo	oration (if known)		
Pursuant to the provisions of section 607.1006. Florida its Articles of Incorporation:	Statutes, this <i>Florida</i>	a Profit Corporation adopts the f	ollowing amend	lment(s) t
A. If amending name, enter the new name of the cor	poration:			
			The 1	1 <i>0</i> W
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	"Inc," or "Co".			
B. Enter new principal office address, if applicable:			<u> </u>	_
(Principal office address <u>MUST BE A STREET ADDI</u>	<u>RESS</u>)		19 A	التماثيون
			UG 2	- 8 li
			- 	- ;
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	* 1		Se A	
(Mulling duaress MAT BE A FOST OF FICE BOX		- · · · - ·		- Comp
			<u> </u>	-
				_
D. If amending the registered agent and/or registere new registered agent and/or the new registered of		Florida, enter the name of the		
Name of New Registered Agent				
	(Florida street addr	ress)		
New Registered Office Address:		. Florida		
	(City)		(Zip Code)	_
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	tered Agent:	d accept the obligations of the po	·	
Signat	ure of New Register	ed 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
!) Change	D	JUAN A JIMENEZ	PO BOX 6161
X Add			BRANDON, FL 33508
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			~
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attacti additional sheets, if ne	cessary). (Be specific)	ange(s) here:		
				
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				<u> </u>
				
C d-vo-t - vo-dd-o C		:G		
f an amendment provides for provisions for implementing	g the amendment if not	contained in the am	endment itself:	
(if not applicable, indica	te N/A)			
				-
_				
				<u>.</u>

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
-		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
☐ The amendment(s) was/were ap must be separately provided for	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 <u></u>	<u></u> ."	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
O8/22/2019 Dated	lirector, president or other officer – if directors or officers have not been	
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	SAMIR CHAHME	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	