P15 000025213

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: EUROSTAR COM	IPANY	
DOCUMENT NUM	BER: P15000025213		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	SAMIR CHAHME		
		Name of Contact Persor	1
	EUROSTAR COMPANY		
		Firm/ Company	
	6915 US HWY 301 S		
		Address	
	RIVERVIEW, FL 33578		
		City/ State and Zip Code	2
	SAMIRCHAHME@HOTMAIL.COM		
		sed for future annual report	notification)
For further information SAMIR CHAHME	on concerning this matter, pleas		448-8694)
	of Contact Person	at (786 Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

EUROSTAR COMPANY (Name of Corporation as curren	atly filed with the Florida D	ent of State
P15000025213	iny med with the Florida 12	(pr. or state)
	of Corporation (if known)	• • • •
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation	r adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation	d" or the abbreviation "Corp.,"
B. Enter now principal office address: if applicables	N/A	2
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		720

		. 27
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	N/A	P ::
		<u>υ</u>
		ं र
		1.11
D. If amending the registered agent and/or registered office ad		name of the
new registered agent and/or the new registered office addre	<u>'88:</u>	
Name of New Registered Agent N/A		
(Florida :	street address)	
New Registered Office Address:		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		ions of the position.
The state of the approximation and a growth angeline of any jumine.	and accept the owngin	

Signature of New Registered Agent, if changing

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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 = 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	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	D	JUAN A. JIMENEZ	P.O. BOX 6161
Add			BRANDON, FL 33508
X Remove			
2) Change	D	IVETTE C. FERNANDEZ	7732 BRISTOL PARK DR
X Add			APOLLO BEACH, FL 33572
Remove 3) Change	******************************		
Add			
Remove			
4) Change			
Add			
Remove			• • • • • • • • • • • • • • • • • • • •
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
	<u> </u>
*	
· · · · · · · · · · · · · · · · · · ·	
F. If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
N/A	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

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, , , ,	7/22/2020	
The date of each amendmen		, if other than the
date this document was signed	i. - 7/22/2020	
Effective date if applicable:	<i>112212</i> 020	
	(no more than 90 days after amendment file d	late)
	this block does not meet the applicable statutory filing requirenthe Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without sha	reholder action and shareholder
	re adopted by the shareholders. The number of votes cast for the ere sufficient for approval.	amendment(s)
	re approved by the shareholders through voting groups. The followd for each voting group entitled to vote separately on the amend	-
	s cast for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
7/22/	2020	
Dated	.0.20	
Signature	fam.	
Se	by a director, president or other-officer – if directors or officers have elected, by an incorporator – if in the hands of a receiver, trustee, proported fiduciary by that fiduciary)	or other court
	SAMIR CHAHME	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	

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