

(Re	equestor's Name)	
(Ad	ldress)	<u></u>
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
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AUG 31 2018 S. YOUNG TIE AUG 29 M 8: 10
SECRETATION OF THE PROPERTY OF THE PROPERTY

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: SUPEISTOR'S ACCORMIL LOYTING CUTTER INC. DOCUMENT NUMBER: P1000009202
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
National Whatfield Name of Contact Person Superstar's Academy Legerning Center Firm/ Company 422 S. Parramore Ave Address Orlando fla 32805 City/ State and Zip Code Whatfield Notes Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (407) 1092 - 080 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clitton Building
2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles	of	Incorpo	ration
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Simpleded	Acade 1) some Confecting	
(Name of Cor	poration as currently filed with the Florida Dept. of State)	
PHOMOGRA	In?	
110000-12	Document Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of	the corporation:	
	The new	
	ne word "corporation," "company," or "incorporated" or the abbreviation "Corp." "Inc." or "Co". A professional corporation name must contain the or the abbreviation "P.A."	
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
C. Enter new mailing address, if applicable:	18 46	<u>T</u>
(Mailing address MAY BE A POST OFFIC		LED
D. If amending the registered agent and/or r new registered agent and/or the new regis	registered office address in Florida, enter the name of the stered office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
New Registered Agent's Signature, if changing	ng Register ed Agent: gent. I am familiar with and accept the obligations of the position.	
1 nevery accept the appointment as registered a	gent 1 am jaminar wun and ассерсте овчіданоть од те ромаот.	
	Signature of New Registered 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.

Example: X Change	<u>PT John I</u>	Doc	
X Remove	<u>V</u> <u>Mike</u> .	lones .	
X Add	SV Sally S	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	bwner	Courtney Williams	422 S. Parramore Ave
Add Remove		•	
2) Change	Shareholder	Teoanda Hinton	422 S. Parramore Ave
Add Remove			
3) Change			
Add	•		
4) Change			
Add			
5) Change			
Add			
6) Change			
Add Remove			

If amending or adding additional Ar Attach additional sheets, if necessary).	(Be specific)			
	 			
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f an amendment provides for an exc provisions for implementing the am	hange, reclassificatio	n, or cancellation of i	ssued shares,	
(if not applicable, indicate N/A)	endment if not Contai	ned in the amendine	icuseu.	
				<u>.</u>
<u> </u>				
				•
				

The date of each amendment(s) adoption:late this document was signed.	if other than th
Effective date if applicable: 8 10 18 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	fill not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 8/110/18	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Notosha Whrtfield (Typed or printed name of person signing)	
President Natosha Whatfur (Title of person signing)	<u>iel</u>