## PHOCOCO 13661

. (R	equestor's Name)			
(A	ddress)			
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(C	ity/State/Zip/Phone	e #)		
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DC Star Solutions	INC.			
DOCUMENT NUMB					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Dwight Cargle				
	Name of Contact Person				
		Firm/ Company			
	824 Piney Village Loop				
•		Address			
	Tallahassee, FL 32311				
•		City/ State and Zip Cod	e		
carg	led@gmail.com				
	E-mail address:	to be used for future annua	l report notification)		
For further information	concerning this matter, plea	se call:			
Dwight Cargle		at ( <u>850</u>	877-1211		
Name o	f Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment 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		Street Address:  Amendment Section  Division of Corporations  The Centre of Tallahassee  2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

DIVISION OF CORPORATION

## Articles of Amendment to Articles of Incorporation of

DC Star Solutions INC.		-	
(Name of Corporation as current	ly filed with the Florida Dept. of State)		
P16000013667		_	
(Document Numbe	er of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flancorporation:	orida Statutes, this corporation adopts the following amendment(	s) to its Arti	cles of
A. If amending name, enter the new name of th	ne corporation:		
NA		The new	
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," " "chartered," "professional association," or the ad	I "corporation," "company," or "incorporated" or the abbreviation, or "Co". A professional corporation name must contain bbreviation "P.A."	on "Corp.,"	
B. Enter new principal office address, if applications	nha.	•	<del>1</del>
(Principal office address MUST BE A STREET)		- 20	i ESE ESE
	<del></del>	- <u>#</u>	목품
		- 27	두통.
C. Enter new mailing address, if applicable:	N.	7	
(Mailing address MAY BE A POST OFFICE	(BOX) NA		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
		3. UB	
		_ <del>(</del> 5)	<u> </u>
	4	-	7
D. If amending the registered agent and/or reg new registered agent and/or the new registe	istered office address in Florida, enter the name of the red office address:		
Name of New Registered Agent NA			
~	(Florida street address)		
New Registered Office Address:	. Florida		
The regimered Office Address.	(City) (Zip Code)	-	
Y D. Januarda	D. James A. and		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	nt. I am familiar with and accept the obligations of the position.		
Signature o	f 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)

Example:

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	V	Dwight Cargle	824 Piney Village Loop
Add			Tallahasse, FL. 32311
Remove			
2) Change	Р	Felicia Cargle	824 Piney Village Loop
X Add			Tallahassee, FL 32311
Remove 3) Range			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<del> </del>
Remove			
6) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			

(Attach <i>addi</i>	g or adding additional Artional sheets, if necessary).	(Be specific)	<u></u>		
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If an amen	dme <u>nt provides for an exc</u>	hange, reclassificat	ion, or cancellation	of issued shares,	
provisions	s for implementing the am	endment if not cont	ained in the amend	lment itself:	
(ij noi	applicable, indicate N/A)				
<b>-</b>					
•					
			<u> </u>		

The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
☐ 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"  (voting group)	
(voting group)	
■ 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 3/23/2020	
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)	
(Typed or printed name of person signing)	_
(Typed or printed name of person signing)	
4P	
(Title of person signing)	_