Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations Fax Number : (850)617-6380	AND: 13
From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 120000000019 Phone : (305)552-5973	<u>.</u> . .
Phone : (305)552-5973 Fax Number : (305)675-5944	
Fax Number : (305)675-5944 **Enter the email address for this business entity to be used for five.	re S TALLE
Fax Number : (305)675-5944	S. TALLE
Fax Number : (305)675-5944 **Enter the email address for this business entity to be used for futu annual report mailings. Enter only one email address please.**	S. TALLE! JUL 28 201
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Electronic Filing Menu

Corporate Filing Menu

Help

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Articles of Amendment to Articles of Incorporation of

	of .				
SUSY CLENING:	STAR SERVICE INC				
(Name of Corporation 25 cur	rently filed with the F	lorida Dept. of State	2)		
	00022521		•		
(Document Numb	ber of Corporation (if kr	nown)			
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Cor	poration adopts the f	following amer	dment	(a) t
A. If amending name, enter the new name of the corporation	1:				
_	S STAR SERVICE INC				
name must be distinguishable and contain the word "corpor "Corp" "Inc.," or Co.," or the designation "Corp." "Inc." word "chartered," "professional association," or the abbreviati		r "Incorporated" or nal corporation name	V The obbrevia must contain	new ition	
B. Enter new principal office address, if applicable; (Principal office address <u>MUST BE A STREET ADDRESS</u>)	<u> </u>	_	ئستان د <u>د سنا</u>	\equiv	7
(A STREET ADDRESS				<u></u>	=
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Enter new mailing address, if applicable:			11 0 m	ġ	٠
(Mailing address MAY BE A POST OFFICE BOX)		·	<u></u>	- 등	
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. If amending the registered agent and/or registered office now registered agent and/or the new registered office addr	ddress in Florida, ente ess:	r the name of the			
Name of New Registered Agent					
···					
(Florida	street address)				
New Registered Office Address:	·				
	(Cly)	, Florida	(Zip Code)	-	
			1-4>		
Cur Bordetownii i a-al-et-					
cw Registered Agent's Signature, if changing Registered Agenteraby accept the appointment as registered agent. I am familia	nt: r with and accept the ob	digations of the posts	ion.		
		S sy : posti,			
Standard of New	Registered Agent, if che				
=-0	**************************************	LIIVIII (7			

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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 Doc	
X Remove	¥	Mike Jones	
<u>X</u> Add	<u>sv</u>	Selly Smith	
Type of Action (Check One)	Title	Name	Address
1) Change		-	
Add			_
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove	•		
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

mending or additional Articles, enter change(s) here: ch additional sheats. (I necessary). (Bo specific) (Bo		H17900198
mendment provides for an exchange, reclassification, or cancellation of issued shares. Some for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)	mending or adding additional Articles, enter change to have	0
mendment provides for an exchange, reclassification, or cancellation of issued shares, those for implementating the amendment itself: That applicable, indicate N/A)	ach additional sheets, if necessary). (Be specific)	
(not applicable, indicate N/A)		,
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(not applicable, indicate N/A)	amendment provides for an evaluation and and	
		ellation of issued shares.
	(if not applicable, indicate N/A)	umoranten usen:
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The date of each amendment(s) adoption:	_, if other than the
,	
Effective date if applicable:	
(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 will a document's effective date on the Department of State's records.	not be listed as the
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)	
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.	
Signature	
(By a director, president or other officer - it 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)	
CLAUDIA CUELLAR	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	