# P16000330271

(Re	questor's Name)	· · · · · ·	
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PICK-UP	☐ WAIT	MAIL	
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#### COVER LETTER

Division of Corporations				
NAME OF CORPORATION: Bright star Landings Inc.				
DOCUMENT NUMBER: P/6000000000000000000000000000000000000				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Ann Hill				
Name of Contact Person				
Bright Star Landings Inc				
334/ SW. Crestview Rd				
Address				
Port St Lucie FC 34953 City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Ann Hill at (954) 895-8062				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy (Additional Copy				

#### Mailing Address

**TO:** Amendment Section

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

is enclosed)

### **Articles of Amendment**

## Articles of Incorporation of

Bright Star	Landings, Inc.
(Name of Corporation as	s currently filed with the Florida Dept. of State)
P16000	030271
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
	The new
	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u> )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11382 Prosperity Farms Ro
	Palm Beach Grandens
	FL 33420 = 0
D. If amending the registered agent and/or registered of	بن بن المنظمة Affice address in Florida, enter the name of the
new registered agent and/or the new registered offic	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
Cinnator	o of Nov Pagistared Agant 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 <math>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	PT John	<u>1 Doe</u>		
X Remove	<u>V</u> <u>Mike Jones</u>			
X Add	SV Salb	y Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) X Change	$\mathcal{P}$	James O. Hill	B341 SW Crestview	
Add			PSL FL	
Remove			34953	
2) X Change	<u>S</u>	Anntonette Hill	3341 SW Crestview Ro	
Add			BL A	
Remove		1 , , , , , , , , , , , , , , , , , , ,	34953	
3) Change	$\mathcal{M}$	Jordan Maniglio	Q	
Add Remove			<del> </del>	
4) Change			<del></del>	
Add				
Remove				
5) Change	-		<del></del>	
Add				
Remove			·	
6) Change				
Add			***************************************	
Remove				

tach additional sheets, if necessary).	(Be specific)
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	the sun shall be a sha
an amendment provides for an exch rovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:date this document was signed.	05-20-16	, if other than the
Effective date if applicable:	05-20-16 (no more than 90 days after amendment file d	ate)
Note: If the date inserted in this block does document's effective date on the Department o	not meet the applicable statutory filing requirent f State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (Cl	HECK ONE)	
The amendment(s) was/were adopted by the 'by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the approval.	amendment(s)
	he shareholders through voting groups. The follo g group entitled to vote separately on the amend	
"The number of votes cast for the amo	endment(s) was/were sufficient for approval	
by	"	
(vo	oting group)	
The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder action ar	nd shareholder
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and sh	areholder
Dated 05-	20 -16	
selected, by an inc	sident or other officer – if directors or officers have corporator – if in the hands of a receiver, trustee, ry by that fiduciary)	
	(Typed or printed name of person signing)  Secretary  (Title of person signing)	