P16000059237

(Re	equestor's Name)	•
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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Tallahassee, FL 32314

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: P-Star Ventures, Inc. **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Robert Pinder Name of Contact Person P-Star Ventures, Inc. Firm/ Company 123 Private Road 4811 Address Boyd, TX 76023 City/ State and Zip Code pstarventures@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (817) 229-4157 Area Code & Daytime Telephone Number Robert Pinder Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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P-Star Ventures, Inc.	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P16000059237	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	824 US HWY 27 S
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Lake Placid, FL 33852
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	2
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address	
Name of New Registered Agent	
(Floridae	description of the second
(rioriaa s	treet address)
New Registered Office Address:	(City) , Florida (Zip Code)
	(Elp Coue)
New Registered Agent's Signature, if changing Registered Agen	ıt ı
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
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</u>	John Do	2		
X Remove	¥	Mike Jor	nes		
X Add	<u>sv</u>	Sally Sm	<u>ith</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change					
Add					
Remove					
2) Change		_			***************************************
Add					<u> </u>
Remove					
3) Change		_			
Add					
Remove					
4) Change		_			
Add		_			
Remove					
5) Changa					
5) Change		_		•	
Add					
Remove					
6) Change		_			
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
······································

The date of each amendment(s) date this document was signed.	adoption:, if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	33
	(voting group)
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Novembo Dated	er 2, 2016
Signature	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court ented fiduciary by that fiduciary)
	Robert Pinder Jr
	(Typed or printed name of person signing)
	Secretary
	(Title of person signing)