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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: STARLIGHT CAR	RE INC		
DOCUMENT NUMI	BER: P16000066096			
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	ALCIRA J. UBEDA			
		Name of Contact Persor	1	
	STARLIGHT CARE INC			
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·	
	5951 NW 151 ST. SUITE 206			
		Address		
	MIAMI LAKES, FL 33014			
	<u> </u>	City/ State and Zip Code	e	
For further information	E-mail address: (to be us	sed for future annual report	notification)	
ALCIRA J. UBEDA		at (	879-1574	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made [	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□S43.75 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

## STARLIGHT CARE INC

(Name of Corporation as currently	filed with the Florida Dept, of State)
P16000066096	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
tFlorida stree	t address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.  zistered 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 Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	MARIBEL MUNOZ	5951 NW 151 ST, SUITE 206
Add X Remove			MIAMI LAKES, FL 33014
2) Change Add			
Remove			
3 ) Change			
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change			<u> </u>
Remove			

	r adding additional Ar nal sheets, if necessary).	. (Be specific)			
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<u>f an amendn</u>	ent provides for an exc	:hange, reclassifica	tion, or cancellation	on of issued shares,	
provisions it	r implementing the am plicable, indicate N/A)	<u>lenament ii not cor</u>	itained in the amei	iomen <u>t itsen:</u>	
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The date of each amendment(s) adoption the date of each amendment (s) adoption to the date of the date	on:	, if other than the
date this document was signed.  Effective date if applicable:	9/1/2019	
	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this block document's effective date on the Departm	does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast for the arent for approval.	mendment(s)
	d by the shareholders through voting groups. The follow voting group entitled to vote separately on the amendm	
	ne amendment(s) was/were sufficient for approval	
by AlcerA	J. Ubeda	
	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and	l shareholder
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	reholder
Dated	9/5/2019	
selected, by	or president or other officer – if directors or officers have an incorporator – if in the hands of a receiver, trustee, of duciary by that fiduciary)	re not been
•	•	
	Alcena J Ubeda	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	- <del> </del>