P160005 77215

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COVER LETTER

TO: Amendment Section Division of Corporations SUPRESTAR INTERIOR DESIGNS INC NAME OF CORPORATION: P16000077215 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PEDRO GUZMAN Name of Contact Person SUPERSTAR INTERIOR DESIGNS INC Firm/ Company 4467 MINERVA DR LØT 114 Address LAKE WORTH, FL 33463 City/ State and Zip Code TATADS@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call; PEDRO GUZMAN at (561) 662-2008

Area Code & Daytime Telephone Number 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

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

SUPERSTARS INTERIOR DESIGNS INC

(Name of C	orporation as currently	filed with the Florida Dea	nt of State)	
P16000077215		THE WILL THE TOTAL THE	M. Of State)	
<u>- </u>	Document Number of	Corporation (if known)		
		•		
Pursuant to the provisions of section 607,100 its Articles of Incorporation:	6, Florida Statutes, this F	lorida Profit Corporation :	dopts the followin	g amendment(s) to
A. If amending name, enter the new name	of the corporation:			
NONE				Tt
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designatio word "chartered," "professional association	$m \parallel Corp, "$ "Inc, " or "C	o". A professional corpo P.A."	orated" or the a vation name must o	_The new bbreviation contain the
B. Enter new principal office address, if a (Principal office address <u>MUST BE A STRE</u>		NONE		
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)			-	
D. If amending the registered agent and/or new registered agent and/or the new re	r registered office addre gistered office address:	ss in Florida, enter the na	me of the	
Name of New Registered Agent				-
				-
	(Florida stree	rt address)		
New Registered Office Address:			, Florida	
		City)	(Zip C	Zode)
New Registered Agent's Signature, if chan-	ging Registered Agent:			
New Registered Agent's Signature, if chand hereby accept the appointment as registered as the second	La ge nt, - Lam familiar wi 	th and accept the obligation	ns of the position.	
			CKETAI	T1 ====================================
	Signature of New Reg	gistered Agent, if changing	EFF. D	
			TAGE ORIGA	

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.

held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc 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.

Suke Jones, v as remov Vernessler	е, ина за	uy 3man, 3) as an 21aa.	
Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name 	<u>Addres</u> s
1) Change	S	CRISOSTOMO GUZMAN	16701 W TRAFALGAR DR
X Add			LOXAHATCHEE, FL 33470
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles	enter change(s) here:
(Attach additional sheets, if necessary). (I	Be specific)
	<u> </u>
	_ <u> </u>
If an amendment provides for an exchang	reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	nent if not contained in the amendment itself:
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	11
<u> </u>	
	U .

	08/18/2017		
The date of each amendment(s) adoption date this document was signed.);		, if other than the
Effective date <u>if applicable</u> :			
	(no more th	nan 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department		applicable statutory filing requirements, this dates.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient		The number of votes east for the amendment(s	s)
		s through voting groups. The following statemed to vote separately on the amendment(s):	ent
"The number of votes east for the	amendment(s) was	s/were sufficient for approval	
by	(voting group)	,	
	(voung group)		
☐ The amendment(s) was/were adopted by action was not required.	the board of direc	ctors without shareholder action and shareholde	r
The amendment(s) was/were adopted by action was not required.	v the incorporators	without shareholder action and shareholder	
08/18/2017 Dated		·· ···	
Signature (v) Fedn	o of your	\Rightarrow	
(By a director,		officer - if directors or officers have not been	
		in the hands of a receiver, trustee, or other cour	1
appointed fidu	ciary by that fidue	nary)	
	PE	dro Gozman	
	(Typed or prii	nted name of person signing)	
	-	President	
	(1	"itle of person signing)	
	li e		