## P17 000000 197

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION:STARBR	IGHT HOMES USA CORP.	············
DOCUMENT NUMBER	:P170000001973		
The enclosed Articles of A	mendment and fee are su	bmitted for filing.	
Please return all correspon	dence concerning this ma	tter to the following:	
	Ricard	o Resino	
		Name of Contact Person	1
		Firm/ Company	
	8004 NW 154 St	reet #117	
		Address	_
Miami Lakes, FL 33016			
		City/ State and Zip Code	e
	R	ICUSAR@GMAIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information co	ncerning this matter, pleas	se call:	
		at ( <u>305</u>	
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amend Divisio The Co	Address  ment Section on of Corporations entre of Tallahassee V. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation	STARBRIGHT HOMES USA as currently filed with the F		
p17:	0000001970		
	nt Number of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	tatutes, this <i>Floridu Profit Con</i>	rporation adopts the following am-	endment(s) to
A. If amending name, enter the new name of the corp	poration:		
		771	
name must be distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp." "Inc," o "chartered," "professional association," or the abbrevio	or "Co". A professional con	orporated" or the abbreviation "C	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.)	<u>ESS</u> )	100-0-01	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		iter the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registed liberary accept the appointment as registered agent. I a		e obligations of the position.	, em.
			- era
Signatu	re of New Registered Agent, if	changing	in
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607	7.0120 (11) (e). F.S.	changing AH 7: 03	J

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	PT	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	v	Franco Matias Vicchio	8004 NW 154 Street #117
Add			Miami Lakes, FL 33016
_X Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary	·). (Be specific)			
	···		<u>-</u>	<del></del>
		<del>-</del>		
	<del></del> -		<del></del>	<del></del>
<del> </del>				-
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	_ <del></del>		<u></u>	
	<del></del>			
		<del></del>		
an amendment provides for an ex	cchange, reclassification	i, or cancellation of is	ssued shares.	
provisions for implementing the a	mendment if not contain	<u>ied in the amendmer</u>	<u>it itself:</u>	
(if not applicable, indicate N/A)				
				<del></del>
		· -		
				<del></del>

The date of each amendment(s) adoption: date this document was signed.	, if other than the
date this document was signed.	
Effective date if applicable:	(no more than 90 days after amendment file date)
	(m) more man 30 days after amenament file date)
<b>Note:</b> If the date inserted in this block does n document's effective date on the Department of	ot meet the applicable statutory filing requirements, this date will not be listed as the 'State's records.
Adoption of Amendment(s) (CH	ECK ONE)
☼ The amendment(s) was/were adopted by the action was not required.	incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(s) approval.
	e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the amer	adment(s) was/were sufficient for approval
by	ing group)
(vot	ing group)
Dated6/3/2020	
Signature	
	ident of other officer - if directors or officers have not been
selected, by an inco- appointed fiduciary	orporator – if in the hands of a receiver, trustee, or other court by that fiduciary)
	Ricardo Resino
	Typed or printed name of person signing)
	Director
	Title of person signing)