P17000040484

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SECRETAR YEOF'S TATE OF CORPORATION

JUN 0 8 2017 C McNAIR

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: L. Z. BF	RITE STAR CORPORATION				
DOCUMENT NUMBER: P170000404	34				
The enclosed Articles of Amendment and	fee are submitted for filing.				
Please return all correspondence concerni	ng this matter to the following:				
LORENA ZOZAY	'A				
	Name of Contact Person				
L. Z. BRITE STAI	L. Z. BRITE STAR CORPORATION				
	Firm/ Company				
13890 ALAMANI	DA AVENUE				
	Address				
MIAMI LAKES, FLORIDA 33014					
,	City/ State and Zip Code				
ANAMARCORP@ATT	NET				
-	s: (to be used for future annual report notification)				
2 444.70	s. (to be used for future difficult report florification)				
For further information concerning this m	atter, please call:				
9043078264	at (904 307-8264				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amo	ount made payable to the Florida Department of State:				
\$35 Filing Fee \$43.75 Filing Certificate of					
Mailing Address Amendment Section Division of Corporation 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

L. Z. BRITE STAR CORPIRATION

(Name o	of Corporation as currently filed with the Florida Dept. of State)	30
P17000040484		7
·	(Document Number of Corporation (if known)	49
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Florida Profit Corporation adopts the follo	wing amendine
A. If amending name, enter the new na	nme of the corporation:	
	tain the word "corporation," "company," or "incorporated" or th ation "Corp," "Inc," or "Co". A professional corporation name m tion," or the abbreviation "P.A."	
B. Enter new principal office address, (Principal office address MUST BE A ST		
C. Enter new mailing address, if appli- (Mailing address MAY BE A POST (
D. If amending the registered agent annew registered agent and/or the new	d/or registered office address in Florida, enter the name of the v registered office address:	
Name of New Registered Agent	LORENA ZOZAYA	
	13890 ALAMANDA AVENUE	
	(Florida street address)	
New Registered Office Address:	MIAMI LAKES . Florida 33	014
	(City)	Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as registe	nanging Registered Agent: ered agent I am familiar with and accept the obligations of the position - 02A4A	on.
	Richard of New Pagistanad 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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	PSTD	LORENA ZOZAYA	13890 ALAMANDA AVENUE
Add			MIAMI LAKES FL 33014
Remove			US
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).	ticles, enter change(s) here: (Be specific)
f an amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendmen date this document was signed		, if other than the
date this document was signed	MAY 03 2017	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	ere adopted by the shareholders. The number of votes cast for the amendmenter sufficient for approval.	ent(s)
	ere approved by the shareholders through voting groups. The following state ed for each voting group entitled to vote separately on the amendment(s):	tement · .
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareh	older
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	r
DatedSignature	1 4 03, 2017 1 4 02 AU D	
	By a director, president or other officer – if directors or officers have not be	een
Se	elected, by an incorporator – if in the hands of a receiver, trustee, or other	
a	ppointed fiduciary by that fiduciary)	
	LORENA ZOZAYA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	