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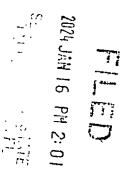
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COI	RPORATION: Albert Smith Brok	er Inc	
DOCUMENT N	P17000072773		
The enclosed Ar	ticles of Amendment and fee are su	bmitted for filing.	
Pleuse return all	correspondence concerning this ma	tter to the following:	
	Albert Smith		
		Name of Contact Perso	n
	Landstar Florida Inc		
		Firm/ Company	
	PO Box 3465		
		Address	
	Palm Beach FL 33480		
		City/ State and Zip Cod	le
	albeitsmithicaltor@gmail.com	n	
	E-mail address; (to be us	sed for future annual report	(notification)
or further information	nation concerning this matter, pleas	se call:	351-5096
N	ame of Contact Person	Area Co	de & Daytime Telephone Number
I nelosed is a che	eck for the following amount made p	payable to the Florida Dep	ariment of State:
■ \$35 Filing F	ec □\$43.75 Fiting 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 Tallahassec, FL 32314	Amend Division The C	Address Iment Section on of Corporations fentre of Tallahassee N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

FILED

Albert Smith Broker Inc	20	
	2024 1881 1	
(Name of Corporation as current	ly filed with the Florida Dept. of State)	PH-2: NI
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(Document Number	of Corporation (if known)	्रे हो ह
(2.1		-> F_
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation adopts the follow	ing amendmen
. If amending name, enter the new name of the corporation:		
andstar Florida Inc		The new
ame must be distinguishable and contain the word "corporation," ' Inc.," or Co.," or the designation "Corp," "Inc," or "Co". chartered," "professional association," or the abbreviation "P.4.	A professional corporation name must cont	tion "Corp.,"
. Enter new principal office address, if applicable:	215 Lakeview Ave 1	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	Lantana FL 33462	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 3465	
	PO Box 3465 Palm Beach FL 33480	
	Palm Beach FL 33480 Iress in Florida, enter the name of the	
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Check if applicable

[☐] The amendment(s) is are being filed pursuant to s. 607.0120 (11) (c), F.S.

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.

X Change	PT	John Do	<u>୯</u>		
X Remove	<u>V</u>	Mike Jor	nes		
X Add	<u>sv</u>	Sally Sn	nth		
Type of Action (Check One)	Title		Name		<u>Addres</u> s
1) Lo Change		_		_	
Add					
Remove				-	
2) Change		_		-	
Add					
Remove 3 c Change		_		-	
Add				-	
Remove				_	
4) Change			·	-	
Add					
Remove				_	
5) Change		_	- 	-	
Add					
Remove				_	
6) Change		_		-	
Add				-	
Remove					

	ticles, enter change(s) here: (Be specific)
	
	
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