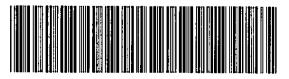
## P170000080018

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: TWO STARS BE	RILLANTE INC	
DOCUMENT NUM	P17000080018	<del></del>	
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	CARMEN ALVAREZ		
		Name of Contact Person	1
	TWO STARS BRILLANTE	INC	
		Firm/ Company	<del></del>
	330 S CENTRAL AVENUE		
		Address	
	OVIEDO, FL 32765		
	-	City/ State and Zip Code	2
	RBURGOS@BURGOSCPA	SERVICES.COM	
	<del>-</del>	sed for future annual report	notification)
For further informati	on concerning this matter, plea		227-7824
Name of Contact Person		Area Co	_) 227-7824 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	S43.75 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		Amend Divisio The C	Address Iment Section In of Corporations In of Tallahassee I. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment** to Articles of Incorporation

	of
TWO STARS BRILLANTE	INC
	(Name of Corporation as currently filed with the Florida Dept. of State)
P17000080018	
	(Document Number of Corporation (if known)
Pursuant to the provisions of its Articles of Incorporation:	section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the fo
A. If amending name, enter	the new name of the corporation:

	(Document Number of Corporation (if know	vn)
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this <i>Florida Profit Corpor</i>	ration adopts the following amendment(s) to
A. If amending name, enter the new name	of the corporation:	
		The new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Corp "chartered," "professional association," or	word "corporation," "company," or "incorp o," "Inc," or "Co". A professional corpor the abbreviation "P.A."	orated" or the abbreviation "Corp"
B. Enter new principal office address, if a (Principal office address MUST BE A STRE		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OF)	ole: FICE BOX)	
D. If amending the registered agent and/o new registered agent and/or the new re	or registered office address in Florida, enter	the name of the
_	(Florida street address)	
N B 1 100 411		Clouide
New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registered	nging Registered Agent: d agent. I am familiar with and accept the or	bligations of the position ( )
	Signature of New Registered Agent, if ch	anaina
	Signature of New Negaterea Agent, if th	unging
Check if applicable		ယ္

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). 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)

Example:

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	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Υ	JOSE G. SANTIAGO	10224 WINDER TRL.
X Add			ORLANDO, FL 32817
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			<del></del>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  ((if not applicable, indicate N/A)		(Be specific)
provisions for implementing the amendment if not contained in the amendment itself:		
provisions for implementing the amendment if not contained in the amendment itself:	****	
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares,  provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)		
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The dute of each unrendment(s) a	doption;	, if other than the
date this document was signed		
Effective date if applicable:		
	the more than 80 days after amendmen	nt file date)
Note: It the date inserted in this bidocument's effective date on the De-	lock does not meet the applicable statutory filing repartment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CRECK ONE)	
<ul> <li>The amendment(s) was were ado- action was not required.</li> </ul>	pted by the incorporators, or board of directors with	out shareholder action and shareholder
. The amendment(s) was were adopty the shareholders was were suf	sted by the shareholders. The number of votes cast licient for approval.	for the amendment(s)
	oved by the shareholders through voting groups. To such voting group entitled to vote separately on the	
"The number of votes east fi	or the amendment(s) was/were sufficient for approv	al
bv	(wing group)	
selected, l	etor, president or other officer - if directors or officers in the hands of a receiver, the fiduciary by that fiduciary)	ters have not been ustee, or other court
C.	ARMEN ALVAREZ	
<del>-</del>	(Typed or printed name of person signing)	
PF	RESIDENT	20
_	(Title of person signing)	<u>?1</u>

. . . . . .

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