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TALLAHASSEE, FLORIDA

JUN 12 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: STAR CONS	STELLATION, INC.
DOCUMENT NUMBER: P17000082301	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
STUART A. TELLER,	ESQUIRE
	Name of Contact Person
STUART A. TELLER.	P.A.
	Firm/ Company
7320 GRIFFIN ROAD,	STE 216
	Address
DAVIE, FLORIDA 333	314
	City/ State and Zip Code
STUART@TELLERLAWO	FICE COM
_	be used for future annual report notification)
For further information concerning this matter	, please call:
STUART A. TELLER, ESQ	at (954) 327-3383
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount r	nade payable to the Florida Department of State:
\$35 Filing Fee	
Mailing Address Amendment Section Division of Corporations 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

STA	R CONSTELLATION, INC.		
(Name of Corporation	n as currently filed with the Florida	a Dept. of State)	
	P17000082301		
(Docume	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corpora	tion adopts the follow	ing amendment(s) to
A. If amending name, enter the new name of the cor	poration:		
STAR CONSTELL	ATION GROUP, INC.		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the a	" "Inc." or "Co". A professional c		abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>			
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 of	ed office address in Florida, enter th ffice address:	ne name of the	18 JUN 11 PH 4: 34 ALLAHASSEE, FLORIDA
Name of New Registered Agent			<u> </u>
	(Florida street address)	<u> </u>	_
New Registered Office Address:		, Florida	
	(City)	(Z1)	p Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the oblig ture of New Registered Agent, if chan		·
Signat	me of their negistered agent, if chan	ging	

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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Remove			

.ttach additional sheets, if necessary).	cles, enter change(s) her (Be specific)			
				
				-
			,	
			_	
	 _ -			
<u> </u>				
			<u> </u>	
				
If an amendment provides for an ex-	:hange, reclassification, o	or cancellation of issu	ed shares,	
provisions for implementing the ar	endment if not contained	I in the amendment it	<u>seit:</u>	
(if not applicable, indicate N/A)				
				
				
				<u> </u>

The date of each amendment		, if other than the
date this document was signed	UPON FILING WITH THE STATE OF FLORIDA	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on the	this block does not meet the applicable statutory filing requirements, this che Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendmen ere sufficient for approval.	t(s)
☐ The amendment(s) was/wer must be separately provide	e approved by the shareholders through voting groups. The following states d for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
<u> </u>	(voting group)	
action was not required.	e adopted by the board of directors without shareholder action and sharehold	der
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
MAY Dated	30, 2018	
Signature	Maco 1	
sei	y a director, president or other officer – if directors or officers have not been lected, by an incorporator — if in the hands of a receiver, trustee, or other corpointed fiduciary by that fiduciary)	ırt
	VICTOR KHRAMOV	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	