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## COVER LETTER

TO: Amendment Section Division of Corporations ,

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	ME IMPROVEMENT O		
P18000011383			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this r	natter to the following:		
JULIAN PELAEZ			
	(Name of Contact I	erson)	
FIVE STAR HOME IMPROVEMENT CORP			
	(Firm/ Compar	ıy)	
7642 TIMBER RIVER CIR			
	(Address)		
ORLANDO FLORIDA 32807			
	(City/ State and Zip	Code)	
E-mail address: (to be	used for future annual r	eport notification	)
For further information concerning this matter, pl	ease call:		
JULIAN PELAEZ		(321)	318-2930
(Name of Contact Pe	erson)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount ma-	de payable to the Florida	n Department of !	State:
S35 Filing Fee S43.75 Filing Fe Certificate of Sta	ee &   \$\Begin{align*} \text{S43.75 Filing Formula*} & Certified Copy & (Additional copy enclosed)  \$\text{enclosed}\$	Certif y is Certif	0 Filing Fee icate of Status icd Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	I	Street Address Amendment Sect Division of Corpo Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

FIVE STAR HOME IMPROVEMENT CORP	
(Name of Corporation as currently filed with the I	florida Dept. of State)
P18000011383	
(Document Number of Corporation (	if known)
Pursuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida Not</i> amendment(s) to its Articles of Incorporation:	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" or "incorpor "Company" or "Co." may not be used in the name.	ated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Flor new registered agent and/or the new registered office address:  Name of New Registered Agent:	ida, enter the name of the
Name of New Regisserea Agent.	
New Registered Office Address:	(Florida street address)
	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and ac	cept the obligations of the position.
Signature of New R	egistered 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.

Type of Action (Check One)         Title         Name         Address           1) Change         VP         SOFIA V PELAEZ         5967 FISH CT           ORLANDO FLORIDA 32807         ORLANDO FLORIDA 32807           X         Remove	Example: X Change X Remove X Add	PT         John D           V         Mike J           SV         Sally S	ones	
1)Change Add		Title	<u>Name</u>	<u>Addres</u> s
Add	1) Change	VP	SOFIA V PELAEZ	5967 FISH CT
X		<u></u>		ORLANDO FLORIDA 32807
AddRemove 3				
Remove	2) Change			
3 ) Change	Add			
AddRemove  4)ChangeAdd	Remove			
Remove	3) Change			
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Remove	4) Change			
5) Change	Add			
Add	Remove			
	5) Change			
6) Change	Add			
	Remove			
	6) Change			
Add		<del></del>		
Remove				

If amending or adding a (attach additional sheets.	if necessary). (B)	e specific)					
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	05/15/2019	_, if other than the
	e date of each amendment(s) adoption:e this document was signed.	_, if other man me
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
Not doc	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be turnent's effective date on the Department of State's records.	e listed as the
Ade	option of Amendment(s) ( <u>CHECK ONE</u> )	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 05/15/2019	
	Signature Solicy V. Pelace	_
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	SOFIA PELAEZ	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	