

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Business Little)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

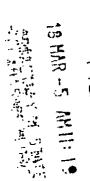




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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: Astra Leader Corp	oration	·
DOCUMENT NUMBE			
	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
P:	atrick Roberts		
		Name of Contact Person	n
_		Firm/ Company	
70	041 NW 15 Street		
		Address	
Pl	antation FL 33313		
		City/ State and Zip Cod	e
proberts	group@gmail.com		v
. -	E-mail address: (to be us	sed for future annual report	
For further information c	oncerning this matter, pleas	se call:	
Patrick Roberts		at (5778762
Name of Contact Person		Arca Co	de & Daytime Telephone Number
Enclosed is a check for the	he following amount made	payable to the Florida Depa	ertment of State:
S35 Filing Fee	□\$43.75 Filing 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 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Astra Leader Corporation.			
(<u>Name</u>	of Corporation as currer	itly filed with the Florida Dep	t, of State)
P18000017974			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation a	dopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional association	nation "Corp," "Inc," or	"Co". A professional corpor	orated" or the abbreviation
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address MUST BE A S			
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	-5 - FE
		<u> </u>	
D. If amending the registered agent an new registered agent and/or the ne			me of the
	N/A		
Name of New Registered Agent	•		
	(El., wide	street address)	
	N/A	street adaress)	
New Registered Office Address:	100	(City)	, Florida(Zip Code)
		(City)	(Eth Code)
New Registered Agent's Signature, if of			
I hereby accept the appointment as regis	tered agent. I am familia	r with and accept the obligation	is of the position.
	Signature of New	Registered 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	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	D	PatrickRoberts	2281 N 66th Avc
X Add			Hollywood FL 33024
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		_	
Remove			

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
Not Applicable	
	
<u></u>	
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
Not Applicable	

	February 28, 2018	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	5.h 20 2010	
Effective date if applicable:	February 28, 2018	
	(no more than 90 days after amendm	ent file date)
	is block does not meet the applicable statutory filing Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/wei	adopted by the shareholders. The number of votes case sufficient for approval.	t for the amendment(s)
	approved by the shareholders through voting groups. for each voting group entitled to vote separately on the	
"The number of votes	east for the amendment(s) was/were sufficient for appro-	oval
by	(voting group)	."
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder	action and shareholder
action was not required.	ry 28, 2018	on and shareholder
Signature	Oll longe	
(By sel	a director, president or other officer—if directors or of ected, by an incorporator—if in the hands of a receiver pointed fiduciary by that fiduciary)	
	Patrick Roberts	
	(Typed or printed name of person signi	ng)
	Incorporator and Registered Agent	
	(Title of person signing)	