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TO: Amendment Section

Division of Corporations

DOCUMENT NUMBER: _____

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JIMENEZ OLIVARES, CESAR

Name of Contact Person

STAR MANAGEMENT AND CONSULTING INC

Firm/ Company

4474 WESTON RD APT #320

Address

DAVIE, FL 33331

City/ State and Zip Code

ALENJIMENEZ@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (310) 7034016 Area Code & Daytime Telephone Number CESAR JIMENEZ OLIVARES

Name of Contact Person

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Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

□S43.75 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

Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

STAR MANAGEMENT AND CONSULTING INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P'	800004	1893
	1000004	1022

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

STAR MEDIA AND CONSULTING INC.

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

	N/A
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	

C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)

D.	If amending the registered agent and/or registered office address in Florida, enter the name of the					
	new registered agent and/or the new registered office address:					

Name of New Registered Agent

(Florida street address)

<u>New Registered Office Address</u>: <u>N/A</u>

(City)

N/A

(Zip Code)

, Florida

The new

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations 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 = Trustec; 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 \mathbf{PT} John Doe Mike Jones X Remove \underline{V} SV Sally Smith X Add Address Type of Action Title <u>Name</u> (Check One) N/A 1) ____ Change Add 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 Articles, enter change(s) here:

_ ____

(Attach additional sheets, if necessary). (Be specific)

N/A

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F. 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)

_

N/A

• • • •			
•	03/25/2019		
The date of each amendment(s) add date this document was signed.	pption:	<u> </u>	, if other than the
Effective date <u>if applicable</u> :			
	(no more than 90 d	ays after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicabl artment of State's records.	le statutory filing requirements, this date v	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The nufficient for approval.	imber of votes east for the amendment(s)	
The amendment(s) was/were appr must be separately provided for e	oved by the shareholders throug each voting group entitled to vot	h voting groups. <i>The following statement</i> e separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were s	ufficient for approval	
by		"	
	(voting group)		
The amendment(s) was/were adoption was not required.	nted by the board of directors wi	thout shareholder action and shareholder	
The amendment(s) was/were adop action was not required.	sted by the incorporators withou	t shareholder action and shareholder	
03/25/2019			
Dated			
Signature	Sector		
		- if directors or officers have not been	
	, by an incorporator – H in the h ed fiduciary by that fiduciary)	ands of a receiver, trustee, or other court	
	CESAR JIMENEZ OLIVARES		

(Typed or printed name of person signing)

President

(Title of person signing)