218000 50084

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COVER LETTER

TO: Amendment Section Division of Corporations

.

NAME OF CORPOR	RATION: ALESTAR INC.		
DOCUMENT NUMI	P18000050084		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	spondence concerning this ma	itter to the following:	
	STEVE ALEXANDER		
		Name of Contact Persor	1
	ALESTAR INC		
		Firm/ Company	• • • • • • • • • • • • • • • • • • • •
	1680 W 84TH ST		
		Address	
	HIALEAH FL 33014		
		City/ State and Zip Cod	
SALI	EX52@HOTMAIL.COM		
	E-mail address: (to be u	sed for future annual report	notification)
n a a to a			
For further information	n concerning this matter, pleas	se call:	
STEVE ALEXANDE	R	786-253-47	22)
Name o	Name of Contact Person Area Code & Daytime Telephone Nu		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ALESTAR INC	
(Name of Corporation	as currently filed with the Florida Dept. of State)
P1000050084	
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abo	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRI	$\frac{\partial ESS}{\partial t}$)
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 off	
Normal Name Basistan of Court	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	stered Agent: am familiar with and accept the obligations of the position.
Signatu	ture 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.

X Change	<u>PT</u> <u>John</u>	1 Doe	
\underline{X} Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Р	MADELEINE ALEXANDER	1680 W 84TH ST
Add			HIALEAH FL 33014
X Remove			
2) Change	8	Stee Alexander	SAME
_ X _Add			
Remove			
3) Change		· 	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
-			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
f an amondment provides for an each	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	·

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	3/1/11/2019	
Effective date if applicable:	JNE 11.2018	
	(no more than 90 days after amendment file date)	_
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements. Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amend sufficient for approval.	dment(s)
	pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment()	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sha	reholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareho	lder
JUNE 1	1.2018	
DatedSignature	20-Cel	
(By a selec	director, president or other officer – if directors or officers have no ted, by an incorporator – if in the hands of a receiver, trustee, or oth inted fiduciary by that fiduciary)	
	STEVE ALEXANDER	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	SECRETARY	
	(Title of person signing)	