P18000071138

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A. Butler

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Lionstar Group Inc	•	
DOCUMENT NUM	BER: P18000071138		· · · · · · · · · · · · · · · · · · ·
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Gina Kleynerman		
	-	Name of Contact Person	1
	Lionstar Group Inc		
		Firm/ Company	
	940 N.E. 199th street #212		
		Address	
	Miami Florida 33179		
		City/ State and Zip Cod	e
	klgina1@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call: at (
Name of Contact Person		at (Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made		
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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Division The Co 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation	n as currently filed with the Florida Dept. of State)
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
name must be distinguishable and contain the word "cor," Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrevi	The new poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word lation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	RESS)
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 registere new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. It	stered Agent: am familiar with and accept the obligations of the position.
Simulti	ure of New Registered Agent if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc 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>Joh</u>	nn Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	Alex Klein	940 N.E 199th street
x Add		-	Miami Florida 33179
Remove			
2) Change	<u>S</u>	Oleg Sunko	940 N.E 199th street
X Add			Miami Florida 33179
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	sheets, if necessary).	(Be specific)			
	 				
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an amanda	provides for an exch	anda raelaccificatio	n or cancellation of	icened charee	
an amenument	nnlementing the ame	auge, recussimeano ndment if not contai	ned in the amendm	nt itself:	
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The date of each amendment(s) at late this document was signed.	loption:	if other than th
Effective date <u>if applicable</u> :		-
	(no more than 90 days after amendment j	(ile date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requestrement of State's records.	uirements, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were aduaction was not required.	pted by the incorporators, or board of directors withou	t shareholder action and shareholder
☐ The amendment(s) was/were ade by the shareholders was/were su	pted by the shareholders. The number of votes cast fo fficient for approval.	r the amendment(s)
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the an	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
06/14/2021		
Dated		
Signature	11/1-)	
(By a di selected	rector, president or other officer – if directors or office I, by an incorporator – if in the hands of a receiver, true ed fiduciary by that fiduciary)	
	Gina Kleynerman	
	(Typed or printed name of person signing)	,
	PRESIDENT	
	(Title of person signing)	