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COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: OT Lodestars, Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Karina Janez Name of Contact Person For further information concerning this matter, please call: at (QS4) 895-0478 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee **□\$43.75** Filing Fee & \$35 Filing Fee **□\$43.75** Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) 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

(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
	00079665
. <u></u>	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," of word "chartered," "professional association," or the abbreviation	n "P.A."
B. Enter new principal office address, if applicable:	13767 West State Road 84
(Principal office address MUST BE A STREET ADDRESS)	Ste. 367
	Davie, FL 33325-5304
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13762 West State Road 84
	Ste 367 Davie, FL 33325-5304
D. If amending the registered agent and/or registered office a	ddress in Florida, enter the name of the
new registered agent and/or the new registered office addr	ress:
Name of New Registered Agent Harina	Vanez
13762	West State Road 84 Ste 367
(Florida	street address)
New Registered Office Address: Davie	, Florida33325-530
NEW ROS MICHOLOGICAL CONTROL OF THE PROPERTY O	(City) (Zip Code)
	egira —
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili	ent: ar with and accept the obligations of the position.
Thereny accept the appointment as regarded agonic 1 any	— — — — — — — — — — — — — — — — — — —
X. Jane	2 E
Signature of Ne	w Registered Agent, if changing
	. B : 10

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, d Sally Smith SV as an Add.

Mike Jones, V as Kemovi	e, ana sa	ny Smun, Sr as an Add.	
Example: XChange	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>şv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	$\sqrt{}$	Kelly Hawkes	1537 W Harmony Laker
Add			Davie, FL 33324
Remove			
2) Change			
Add			
Remove			
3) Change			<u> </u>
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach a	dditional sheets	s, if necessary).	(Be specific)				
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If an an	nendment provious for implen	ides for an exch nenting the ame	<u>nange, reclassif</u> endment if not	<u>lication, or can</u> contained in th	cellation of issue	ued shares, tself:	
	not applicable,		 -			_	
<u> </u>	ina Va	1027	nolde 1	()() 700		(1 he	shares
		odestar					
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The date of each amendment(s) adoption:, if other	r than the
date this document was signed.	
Effective date if applicable: 6 26 9 (no more than 90 days after amendment file date)	-
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	sted as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	•
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 6/26/19	
Signature (By a director, president or other officer – if directors or officers have not been	
By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other count	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	_
(Typed or printed name of person signing)	
President	
(Title of person signing)	