## P18000081161

| (Re                     | equestor's Name)  |             |
|-------------------------|-------------------|-------------|
| (Ac                     | ddress)           |             |
| (Ac                     | ddress)           |             |
| (Ci                     | ty/State/Zip/Phon | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | usiness Entity Na | me)         |
| (Do                     | ocument Number)   | )           |
| Certified Copies        | _ Certificate     | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |

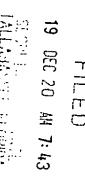
Office Use Only



500337910185

12/20/19--01008--014 \*\*35.00

JAN 24 2020 S. YOUNG



## COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR           | RATION: BLACK STAR IM  | IPACT GLASS CORP   |   |
|--------------------------|--|--|---|
| DOCUMENT NUMI            |  |  |   |
|                          | of Amendment and fee are su  | bmitted for filing.  |   |
| Please return all corres | spondence concerning this ma   | atter to the following:  |   |
|                          | JOSE L. VALDES HERNAN  | NDEZ   |   |
|                          | <del></del>  | Name of Contact Person   | 1   |
|                          | BLACK STAR IMPACT GL   | ASS CORP   |   |
|                          |  | Firm/ Company  |   |
|                          | 850 SE 3RD AVE   |  |   |
|                          |  | Address  | ·   |
|                          | HIALEAH, FL 3301   |  |   |
|                          |  | City/ State and Zip Code   | e   |
| YESS                     | IYANLU@GMAIL.COM   |  |   |
|                          | E-mail address: (to be us  | sed for future annual report                                     | notification)   |
| For further information  | n concerning this matter, plea   | se call:   |   |
| JOSE L. VALDES HI        | ERNANDEZ   | at (   | _) 424-3214   |
| Name o                   | of Contact Person  |  | de & Daytime Telephone Number   |
| Enclosed is a check fo   | r the following amount made  | payable to the Florida Depa                                      | artment of State:   |
| S35 Filing Fee           | □\$43.75 Filing Fee & Certificate of Status  | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)    |
| Ame<br>Divi<br>P.O.      | ling Address<br>endment Section<br>sion of Corporations<br>Box 6327<br>chassee, FL 32314 | Amend<br>Divisio<br>The Co                                       | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

to

BLACK STAR IMPACT GLASS CORP

| (X   | and fill and a Fill it is a contain  |
|--|--|
| BLACK STAR IMPACT GLASS CORP   | s currently filed with the Florida Dept. of State)   |
|  | Markey (Classical College)   |
| (Document)   | Number of Corporation (if known)   |
| Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:   | tutes, this Florida Profit Corporation adopts the following amendment(s)   |
| A. If amending name, enter the new name of the corpor BLACK STAR GLASS CORP  | ration:  |
|  | The new  |
| name must be distinguishable and contain the word "corpor<br>"Inc.," or Co.," or the designation "Corp," "Inc." or<br>"chartered." "professional association," or the abbreviati | ration," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word on "P.A." |
| R. Enter now principal office address: if applicable   | N/A  |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES  | SS)  |
|  |  |
|  |  |
|  |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | N/A  |
| (Muning address MAT BE AT OST OFFICE BOX)  |  |
|  |  |
|  |  |
|  |  |
| <ul> <li>If amending the registered agent and/or registered of new registered agent and/or the new registered office</li> </ul>  |  |
| N/A  | — 10 <b>16</b>   |
| Name of New Registered Agent   |  |
|  |  |
|  | Florida street address)  |
| New Registered Office Address:   |  |
|  | (City) (Zip Code)  |
|  |  |
|  |  |
| New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am   | ed Agent:  |
| r nervo, accept the appointment as registered agent. I am  | jumular with and accept the obligations of the position.   |
|  |  |
| <u></u>  |  |
| 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; CE() = Chief Executive Officer; CF() = 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  | <u>PT</u>                             | John Doc  |                 |
|--|---------------------------------------|---|-----------------|
| X Remove   | <u>V</u>                              | Mike Jones  |                 |
| X Add  | <u>sv</u>                             | Sally Smith   |                 |
| Type of Action<br>(Check One)                            | <u>Title</u>                          | <u>Name</u>   | <u>Addres</u> s |
| 1) Change  |                                       | N/A   |                 |
| Add  |                                       |   |                 |
| Remove   |                                       |   |                 |
| 2) Change  |                                       | -   |                 |
| Add  |                                       |   |                 |
| Remove 3 ) Change  |                                       |   |                 |
| Add  |                                       |   |                 |
| Remove   |                                       |   |                 |
| 4) Change  | -                                     |   |                 |
| Add  |                                       |   |                 |
| Remove   |                                       |   |                 |
| 5) Change  |                                       |   |                 |
| Add  |                                       |   |                 |
| Remove   |                                       |   |                 |
| 6) Change  |                                       |   |                 |
| Add  |                                       |   |                 |
| Remove   |                                       |   |                 |
|  |                                       | Page 2 of 4   |                 |
| E. <u>If amending or addir</u><br>(Attach additional she | ng <mark>additi</mark><br>ets, if nec | onal Articles, enter change(s) here:<br>cessary). (Be specific) |                 |

|  | · · · · · · · · · · · · · · · · · · · |
|--|---------------------------------------|
|  | <del></del>                           |
|  |                                       |
|  | <del></del>                           |
|  |                                       |
|  |                                       |
|  |                                       |
|  |                                       |
|  | · <del>·</del>                        |
|  |                                       |
|  |                                       |
|  | <del></del>                           |
|  | <del></del>                           |
|  |                                       |
|  |                                       |
|  | <del>-</del>                          |
|  |                                       |
|  |                                       |
|  | <del> </del>                          |
|  |                                       |
|  |                                       |
| 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 |                                       |
|  |                                       |
|  | <del></del>                           |
|  |                                       |
|  |                                       |
|  | <del></del>                           |
| - <del></del>  |                                       |
|  |                                       |
|  | <del></del>                           |
|  | <del></del>                           |
|  |                                       |
|  | <del> </del>                          |
|  |                                       |
| Page 3 of 4  |                                       |
| The date of each amendment(s) adoption: 12/17/2019 date this document was signed.  | if other than the                     |
| Effective data if applicables 12/17/19   |                                       |
| Effective date if applicable: (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 listed as the document's effective date on the Department of State's records.

| Adoption of Amendment(s)                                      | (CHECK ONE)  |
|---|--|
| The amendment(s) was/were add by the shareholders was/were su | opted by the shareholders. The number of votes east for the amendment(s) fficient for approval.  |
|   | proved by the shareholders through voting groups. The following statement 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 add action was not required.      | opted by the board of directors without shareholder action and shareholder   |
| ☐ The amendment(s) was/were add action was not required.      | opted by the incorporators without shareholder action and shareholder  |
| Dated 12/17/2019 Signature                                    |  |
| (Byladi<br>strected   | rector, president or other officer – if directors or officers have not been a, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary) |
|   | JOSE L. VALDES HERNANDEZ   |
|   | (Typed or printed name of person signing)  |
|   | PRESIDENT  |
|   | (Title of person signing)  |