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## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 7, 2018

PROCESSING DEPT.
MY CORPORATION BUSINESS SERVICES INC
26025 MUREAU RD., SUITE 120
CALABASAS, CA 91302

SUBJECT: ALLSTAR AMERICAN MAIDS.COM INC.

Ref. Number: P18000095483

We have received your document for ALLSTAR AMERICAN MAIDS.COM INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist II Supervisor

Letter Number: 018A00025200

resubnission

RECEIVED

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SECRETARISSES FL

## . Articles of Amendment to Articles of Incorporation

of

## ALLSTAR AMERICAN MAIDS.COM INC.

(Name of Corporation as curren	tly filed with the Florida Dep	ot. of State)	
P18000	095483		
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation a	ndopts the following amendme	:nt(s) to
A. If amending name, enter the new name of the corporation:			
		The new	
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corpor	orated" or the abbreviation ration name must contain the	; •
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		s	
		ECRETALL	71
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 111634	21 AHA	-
•	Naples, FL 34108	SEC PA	Ö
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address.	<u>dress in Florida, enter the na</u> ss:	me of the	
Name of New Registered Agent	<u> </u>		
(Florida )	street address)		
New Registered Office Address:	_		
New Regimered Syfice Addition	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Age	nt:		
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligatio	ons 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 = 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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
<u>X</u> Add	<u>sv</u>	Sally Si	nith_	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2)Change		_		
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change		_ <del>_</del>		
Add				
Remove				
5) Change		<u> </u>		
Add				
Remove				
6) Change				
Add				-
Remove				

<u>If amending or adding additional Arti</u> Attach <i>additional sheets, if necessary).</i>	(Be specific)	
<del>-</del>		
	<u> </u>	
	<del>_</del>	
	<u> </u>	
lf an amendment provides for an exch	iange, reclassification, or car	ncellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the	he amendment itself:
(у ны аррисаоле, таксае тя)		
	<del></del>	

	11/29/2018	, if other than th
The date of each amendment(s) a date this document was signed.	doptions	, it other man ti
Effective date <u>if applicable</u> :		<u> </u>
<del></del>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as th
Adoption of Amendment(s)	( <u>CHECK_ONE</u> )	
☐ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
☐ The amendment(s) was/were ap must be separately provided for	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)	
	(voting group)	
■ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated <u>ん</u> らノを	M367 29 2018	
Signature		
(By a)	lirector, president or other officer – if directors with ficer have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ted fiduciary by that fiduciary)	
	David Grogan	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	