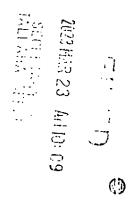
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(Re	questor's Name)	
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(Ad	dress)	
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PICK-UP	MAIT	MAIL
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(,	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	J. K	¹⁰ RNE 4 2023
	MAR ?	* NE
		7 2023

Office Use Only



200404499832





(850) 524-6243 Please use funds from this account: I20210	0000160 Amount: \$43.75
Authorization Signature:	<i>—</i> — —
Perfect Star Solutions Inc. Business	Document #
Certified Copy of Articles of Incorpor	ation
X_ Certificate of Status	
<u>NEW FILINGS</u>	<u>AMMENDMENTS</u>
Profit Corp Not for Profit Limited Liability	Amendment Resignation of R.A. Officer/Directo
Domestication Other	Change of Registered Agent or office Dissolution Merger
Other CORP	Conversion
LP	Amended and restated Articles Revocation of Dissolution
OTHER FILINGS	REGISTERATION/QUALIFICATION
Annual Report	Foreign filing Limited Partnership
Fictitious Name	Reinstatement
APOSTILLEOth	er

FLORIDA CAPITAL COURIER SERVICES, INC	•
2330 CLARE DRIVE	
TALLAHASSEE, FL 32309 (850) 524-5437	
(850) 524-5437	
(650) 524-0245	
Please use funds from this account: 12021000 Authorization Signature:	
Perfect Star Solutions Inc.	<u>~</u>
Business	Document #
<i>Sames</i>	
Certified Copy of Articles of Incorporatio	n
X_Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Corp	Amendment
Not for Profit	Resignation of R.A. Officer/Director
Limited Liability	
D	Change of Registered Agent or office Dissolution
Domestication Other	Merger
CORP	Conversion
LP	Amended and restated Articles
	Revocation of Dissolution
OWNER ON INCO	
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
	REGISTERATION CALIFORNIA
Annual Report	Foreign filing
· ·	Limited Partnership
Fictitious Name	Reinstatement
APOSTILLE Other	
Country	
ovani.	

EXAMINIER'S INITIALS:____

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Perfec	t Star Solutions Inc.
· · · · · · · · · · · · · · · · · · ·	5352
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
BSG Fi 601 Herita Jupiter	Name of Contact Person Name of Contact Person Partners Inc Firm/ Company G & Dr. Str. 152 Address City/ State and Zip Code Inancial Partners. Com ed for future annual report notification)
For further information concerning this matter, please	e call:
Diana Velasquez Name of Contact Person	at (S61) 235-4277 Area Code & Davtime Telephone Number
Enclosed is a check for the following amount made p	the second secon
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

	of	Ī			
Perfo	ct extr.	c Solut	ims T	م ر	
(Name of Cor	poration as currently	v filed with the Flori		<u> </u>	
	P19000	05352			
	Document Number of	Corporation (if know	vn)		
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this I	Florida Profit Corpor	ration adopts the follo	owing amendme 会 名	eni(s) to
A. If amending name, enter the new name o	f the corporation:			33	
name must be distinguishable and contain the w				The Proper	· i
"Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the B. Enter new principal office address, if app (Principal office address MUST BE A STREE	"Inc," or "Co". A : abbreviation "P.A," licable:	professional corpor	orated" or the abbrevation name must co	intain, the more	<i>j</i> J
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)					
D. If amending the registered agent and/or r	egistered office addr	ess in Florida, enter	the name of the		
new registered agent and/or the new regis		•			
Name of New Registered Agent N	/B.		· · · · · · · · · · · · · · · · · · ·		
	(Florida stre	et address)			
New Registered Office Address:			, Florida		
	(City)		Zip Code)	
New Registered Agent's Signature, if changir	g Registered Agent;				

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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 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> <u>John</u>	i Doe	
X Remove	V Mik	e Jones	
_X Add	<u>SV</u> <u>Sally</u>	<u> Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	YP	Leonides E. GARCIA Aquilor	134 Jennings AVE
Add X Remove	VP.	Andres Pascual	Greenacres. Fl 33463 211 3rd St.
<u>⅓</u> Add		Domingo	Jupiter fl 33458
Remove Change			
Add Remove			
4) Change			
Remove			
5) Change Add			
Remove			
6) Change Add	-		
Remove			

	(Be specific)
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114	
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in amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
ovisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and an analysis of instances in the amendment itself:
ovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
ovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
ovisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an amendment itself:
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ovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

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The date of each amendment(s) adoption: 3 22 23 date this document was signed.	, if other than the
Effective date if applicable: 3 22 23	
Effective date if applicable: 3 22 23 (no more than 90 days after amendment file date)	<u> </u>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	ction and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated . 03 / 22 / 23	
Signature Supply	
(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 co appointed fiduciary by that fiduciary)	n urt
· Sergio Sajbin	
Sergio Sajbin (Typed or printed name of person signing)	
President	
(Title of person signing)	

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