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Amend CC1-

SEP 2 8 2019 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: 5 STAR EXTERIO	DRS, INC.			
DOCUMENT NUMBE	ER:				
	f.Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
e,	ANDREW THORNTON				
-		Name of Contact Person			
5	5 STAR EXTERIORS, INC.				
_		Firm/ Company			
7	701 WOODLAWN DRIVE				
_	Address				
v	VINTER SPRINGS, FL 327	08			
_		City/ State and Zip Code			
Sstarex	teriorsinc@gmail.com				
	- -	sed for future annual report	notification)		
		•			
For further information	concerning this matter, pleas	se call:			
ANDREW THORNTON		615 at (779-6559		
Name of Contact Person		Area Coc	le & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amendi Division Clifton	Address ment Section n of Corporations Building kecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently	filed with the Florida Dept. of State)	
P19000056557		<u>. </u>
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this atts Articles of Incorporation:	Florida Profit Corporation adopts the follo	wing amendment(s)
A. If amending name, enter the new name of the corporation:	N/A	The new
name must be distinguishable and contain the word "corporation" ("Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "(word "chartered," "professional association," or the abbreviation ".	Co". A professional corporation name m	e abbreviation ist contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office uddress <u>MUST BE A STREET ADDRESS</u>)	<u> 1970 </u>	
		201
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
		: 3
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:		LO . 3
Name of New Registered Agent A	/A	
Nume by New Negasiezeu zigem	A-	
(Florida stre	vet address)	
	pet address), Florida	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 = Chie Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offic 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 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:	e, ana Sai	iy Smiin, Sv as an Aua.			
X Change	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	Address		
1) X Change	S	SHAUN HARLEY JOHNSON	2027 BRIARCLIFF CIRCLE		
Add			MOUNT DORA, FL 32757		
Remove					
2) Change		/			
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove	/		<u> </u>		
5) Change	_				
Add	,				
Remove					
6)Change					
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) (Attach additional sheets, if necessary). (Be specific)	here:
(Attach dudinoma sneets, y necessary). (be specyte)	
N	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
 If an amendment provides for an exchange, reclassification provisions for implementing the amendment if not contain 	n, or cancellation of issued shares, ned in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) a	loption:	, if other than t
date this document was signed.	· — ·	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	clock does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment of flicient for approval.	n(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	rment
"The number of votes east	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 shareho	lder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
9/10/2019	7	
Dated	il I	
Signature		
selecte	rector, president or other officer – if directors or officers have not beed, by an incorporator – if in the hands of a receiver, trustee, or other cotted fiduciary by that fiduciary)	
	ANDREW THORNTON	
	(Typed or printed name of person signing)	
	PRESIDENT/OWNER	
	(Title of person signing)	