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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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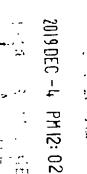
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: Star Group Solution	ons Inc.	
DOCUMENT NUMI	D10000077146		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Justin Rosen		
		Name of Contact Persor	1
	Star Group Solutions Inc.		
		Firm/ Company	**************************************
	1501 S Dale Mabry Hwy Ste	Α6	
		Address	
	Tampa, FL 33629		
		City/ State and Zip Code	
instin	@southtampacpa.com		
	-	sed for future annual report	notification)
	`	,	,
For further information	n concerning this matter, pleas	se call:	
Justin Rosen		at (2880434
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address Indiment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

Star Group Solutions Inc.		
(Name of Corporat	tion as currently filed with the Florida Dept. of State)	
P19000077146		
(Docu	iment Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the fo	llowing amendment(s)
A. If amending name, enter the new name of the c	corporation:	
		The⊇new
	corporation," "company," or "incorporated" or the abbr c," or "Co". A professional corporation name must reviation "P.A."	reviation "Eqtp.,"
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		
		
C. Enter new mailing address, if applicable:		PM12: 03
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the name of the doffice address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re	egistered Agent:	
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the pos	ition.
Sign	nature 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: XChange	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Caleb Hunter Strange	1501 S Dale Mabry Hwy Ste A6
X Add			Tampa, Fl. 33629
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. If amending or add (Attach additional si	ling addition	onal Articles, enter change(s) here: :essary). (Be specific)	

		
	····································	
		
provisions for implementing the amend (if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, imment if not contained in the amendment itself:	
		
	· · · · · · · · · · · · · · · · · · ·	
		
	Page 3 of 4	
The date of each amendment(s) adoption: _ date this document was signed.	, if	other than the
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 adopted by the shareholders was/were suffice	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.
	red by the shareholders through voting groups. The following statement the 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 action was not required.	d by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder
Dated 11/23/19 Signature	
(By a direct selected, by	tor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
L.ul	ke Baldacchino
	(Typed or printed name of person signing)
Pre	esident
(Tit	tle of person signing)