P19000094501

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



300351596793

00/09/20--01019--002 **35.00

RECEIVED
SEP U 8 2020

2023 : -3 [11 2: 59

Mind

CCT 20 2020 LALBRITTON:

COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION: FASTAR, INC		
DOCUMENT NUMBER: P19000094501		
The enclosed Articles of Amendment and fee a	re submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
HUGO M. RODRIGUE	S FARIA	
	Name of Contact Person	
	Firm/ Company	
6490 COLLINS AVE., 5	f3	
	Address	
MIAMI BAECH, FL 33	141	
	City/ State and Zip Code	
hugofaria.ventas@gmail	.com	
E-mail address: (to	be used for future annual report notification)	
For further information concerning this matter,	please call:	
HUGO M. RODRIGUES FARIA	at (786) 716-6038	
Name of Contact Person	Area Code & Daytime Telephone Number	r
Enclosed is a check for the following amount m	nade payable to the Florida Department of State:	
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	-	
Mailing Address	Street Address	
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FASTAR, INC.		
(Name of Corporation as current	ly filed with the Florida Dept. of State)	
P19000094501		
(Document Number o	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this atticles of Incorporation:		ing amendment(s) to
A. If amending name, enter the new name of the corporation:		
- I and the state of the state		771
name must he distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must conte	The new tion "Corp.," uin the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		2020
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	·	<u> </u>
		2
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		59
Name of New Registered Agent		
(Florida st	reet address)	_ _
New Registered Office Address:	, Florida	
		2 Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position	
Signature of New I	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)

Example:

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 Doc 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.

X Change	<u>P1</u>	Tohn Di	<u>5e</u>	
\underline{X} Remove	\underline{V}	Mike Jo	<u>ones</u>	
X Add	<u>SV</u>	Sally Si	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change	VP		ESTRELLA A. TOPLAK GONZALI	6490 COLLINS AVE., #3
Add		_		MIAMI BEACH, FL 33141
X Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change			<u></u>	
Add				
Remove				

Attach <i>addition</i>	adding additional Arti al sheets, if necessary).	(Be specific)			
			_		
	- ,				
					
		_			
					· · · · · ·
					
			<u> </u>		· · · · · · · · · · · · · · · · · · ·
f an amendm	nt provides for an exch	ange, reclassificat	ion, or cancellatio	n of issued shares	•
provisions fo	implementing the ame	ndment if not cont	ained in the amer	idment itself:	•
(it not an	licable, indicate N/A)	<u></u>			
(0, 0,7	ittiviti, illitaria i all'i				
_					
				_	
					
	78				
-					
_					

The date of each amendment(s) late this document was signed.	adoption:	, if other than th
~		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date,	1
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirement Department of State's records.	is, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareh	older action and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the am sufficient for approval.	endment(s)
must be separately provided f	pproved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
selec	director, president or other officer – if directors or officers have ted, by an incorporator – if in the hands of a receiver, trustee, or officer fiduciary by that fiduciary)	
••	HUGO M. RODRIGUES FARIA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	