P20 000000 8663

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S. YOUNG

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COVER LETTER

ΓO: Amendment Section Division of Corporations

NAME OF COR	JRY LIFESTY	LE CORP		
DOCUMENT NI		···	····	
The enclosed Arti	cles of Amendment and fee are su	bmitted for fili	ng.	
Please return all c	itter to the follo	owing:		
	JULIO C DE LOS RIOS			
		Name of Co	ontact Persor	1
	DLR PROFESSIONAL SER	VICES INC		
		Firm/ (Company	
	2500 HOLLYWOOD BLVD	SUITE 208		
		Ad	dress	
	HOLLYWOOD, FL 33020			
		City/ State	and Zip Code	2
DLRCORP@AOL.COM				
	E-mail address: (to be us	sed for future a	nnual report	notification)
For further inform	nation concerning this matter, pleas		. 954	\$16-4119
Na		Area Co	de & Daytime Telephone Number	
Enclosed is a chec	k for the following amount made	payable to the	Florida Depa	artment of State:
S35 Filing Fe	e □\$43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified (Additional enclosed)	Copy Leopy is	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		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee M. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ALL-STAR LUXURY LIFESTYLE COR

(Name of Corporation	n as currently filed with the Flori	da Dept. of State)	
220000008663			
(Docum	ent Number of Corporation (if know	vn)	
Pursuant to the provisions of section 607.1006, Florida ts Articles of Incorporation:	Statutes, this Florida Profit Corpor	ration adopts the following amendmen	nt(s) t
A. If amending name, enter the new name of the co	rporation:		
		The new	
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbre	or "Co". A professional corpoi	orated" or the abbreviation "Corp.," ration name must contain the word	
B. Enter new principal office address, if applicable:	:	2021	٦,
(Principal office address <u>MUST BE A STREET ADD</u>	RESS)	: · · · · · · · · · · · · · · · · · · ·	
		· · · ·	 'i •
		=	
C. Enter new mailing address, if applicable:	V)	· ·	
(Mailing address <u>MAY BE A POST OFFICE BO</u>		 	
			
D. If amonding the equiptored must and/or equiptore	ad affice address in Florida, antos	the name of the	
 If amending the registered agent and/or register new registered agent and/or the new registered of 		the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
New Neglate en Office Address.	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regi	istered Agent:		
I hereby accept the appointment as registered agent.	l am familiar with and accept the ob	oligations of the position.	
Signa	ture of New Registered Agent, if ch	anging	
Charle if applicable			

 \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

f amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and ddress 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:

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.

X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	THALIA VELASQUEZ	234 NE 199 LANE
Add X Remove			NORTH MIAMI BEACH, FL 331'
2) Change	<u>P</u>	FRANK LUSTIG	234 NE 199 LANE
X Add			NORTH MIAMI BEACH, FL 331
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	
	<u></u>
16	
it an amendment provides for an excr	nange, reclassification, or cancellation of issued shares.
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	JANUARY 9TH 2021	
The date of each amendment(s)	adoption:	, if other than th
ate this document was signed.		
	NUARY 10TH 2021	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file datc)	
	(
Note: If the date inserted in this locument's effective date on the I	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder 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 amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	···	
,	(voting group)	
JANUAR Dated	Y 9TH 2021	
Signature	1/1 Want pushing	
	director, president or other officer - if directors or officers have not been	
	ted, by an incorporator – if in the hands of a receiver, trustee, or other court	
арро	inted fiduciary by that fiduciary)	
	FRANK LUSTIG	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	