P21000033460

	(Requestor's Name)	
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J. FASON JUN 25 2021

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Stellar Whitening, Inc DOCUMENT NUMBER: <u>P21</u>00033460 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Stellar Whitening, Inc 9365 SW 156Th Place.
Address HIGM1. FL 33196.
City/ State and Zip Code Ssette Salogal & amail. Com
mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: X \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Stellar Whi	lening: Inc		
	as currently filed with the Flor	rida Dept. of State)	
P2100	0033460		
(Documen	nt Number of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Corpe	oration adopts the fol	lowing amendment(s) to
A. If amending name, enter the new name of the corp	ooration:		
			The new
name must be distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevio	or "Co". A professional corpo	porated" or the abbre oration name must c	viation "Corp.," ontain the word
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDR.	ESS)		
			<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered new registered agent and/or the new registered off Name of New Registered Agent		er the name of the	
	(Florida street address)	. ,.,	
	(Floride Street data ess)		
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
No. Deliano de Armala Claratama (f. de arian Desinta			
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	nered Agent: am familiar with and accept the o	obligations of the post	2021 17:3Y 10 7:31 11: Ot
Signatu	re of New Registered Agent, if co	hanging	
Ţ.			=======================================
Check if applicable	7 0120 /3 13 /->		# 3
☐ The amendment(s) is/are being filed pursuant to s. 60°	7.0120 (11) (e), F.S.		90

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 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	<u>PT</u>	<u>John D</u>	<u>oe</u>	
X Remove	<u>v</u>	Mike J	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	•	Name	Address
1) X Change	P	<u></u>	Lissette Sabogal	6805 Sw 148th Court
Add				HIQMI, FL 33193
Remove				
2) Change		_		
Add				
Remove Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

	(Be specific)	
 		
<u>,</u>		
		
an amendment provides for an each	ange, reclassification, or cancellation of issued shares.	
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	
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provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	

The date of each amendment(s) adoption:	, if other than the
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 block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I 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 and action was not required.	l shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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'''	2
by	2021 KAY 1.00
	177
Dated 04/27/2021.	:
	0
Signature Lisselle Saval	лн н: 05
(By a director, president or other officer – if directors or officers have not been	در
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	0
appointed fiduciary by that fiduciary)	ഗ
Lisselle Salagal	
(Typed or printed name of person signing)	
President.	

(Title of person signing)