P21000045507

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: FANTASY STAR	BANQUET HALL INC					
DOCUMENT NUMI	BER: P21000045507						
	of Amendment and fee are su	bmitted for filing.					
Please return all corres	spondence concerning this ma	tter to the following:					
	SANDRA BETANCOURT						
		Name of Contact Person					
	SKY NETPROFIT LLC						
		Firm/ Company					
	5206 US HWY 98 N						
		Address					
	LAKELAND						
		City/ State and Zip Code	.				
	SALES@SKYNETPROFIT.						
	E-mail address: (to be us	ed for future annual report	notification)				
For further information	a concerning this matter, pleas	se cail;					
SANDRA BETANCO	DURT	at (258-0599				
Name o	of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a check for	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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Ame Divi P.O.	ing Address Indiment Section Ission of Corporations Box 6327 Ihassee, FL 32314	Amend Divisio The Co 2415 Y	Address ment Section n of Corporations entre of Tallahassee 8. Monroe Street, Suite 810 issee, FL 32303				

Articles of Amendment to Articles of Incorporation of

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(Name of Corporati	ion as currently filed with the F	lorida Dept. of State)	
P21000045507		·	· -·
(Docum	ment Number of Corporation (if k	nown)	· · ·
Pursuant to the provisions of section 607,1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Con	rporation adopts the follo	owing amendment(s)
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbro	" or "Co". A professional coi	orporated" or the abbrev poration name must co	siation "Corp ,"
B. Enter new principal office address, if applicable	e:		
(Principal office address <u>MUST BE A STREET ADI</u>			
			
		_	
C. Varan nav mailing addrage if applicables			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OX)		
			
D. If amending the registered agent and/or registe new registered agent and/or the new registered		iter the name of the	
Name of New Registered Agent			
Same of New Registered Agent		- ·	
	(Florida street address)		
New Registered Office Address:		, Florida	
	tCityi	I	(Zip Code)
New Registered Agent's Signature, if changing Res I hereby accept the appointment as registered agent.		e obligations of the positi	ion,
	•		
Sign	ature of New Registered Agent, if	changing	
Charle of another late			
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 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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	Р	ARNALDO MORA CASSIO	7123 N ARMENIA AVE
Add			TAMPA FL 33604
Remove			
2) Change	<u>VP</u>	JACINTO H LOPEZ MATOS	7123 N ARMENIA AVE
X Add			TAMPA FL 33604
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

amending or adding add ttach <i>additional sheets, if t</i>	iecessary). (Be :	<i>specine)</i>				
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f an amendment provide provisions for implement	ting the amendme	ent if not conta	tined in the an	rendment itsel	<u>f:</u>	
(if not applicable, ind	licate N/A)					
	_					
				<u>_</u>		
	<u></u>			<u> </u>		
					- "	
						

The date of each amendment(s) a	07/01/2022 adoption:	, if other than th
	01/2022	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, repartment of State's records.	this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without sharehold	ler action and shareholder
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amen ufficient for approval.	dment(s)
	proved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendments:	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	^{;;}	
	(voting group)	
07/04/202 Dated	ma la	
selecte	director, president or other officer – if directors or officers have no ed, by an incorporator – if in the hands of a receiver, trustee, or oth ited fiduciary by that fiduciary)	t been er court
	ARNALDO MORA CASSIO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	