## P21000056570

(Re	equestor's Name)	
(Ac	ddress)	<del></del>
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(Ci	ty/State/Zip/Phone	 e #)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATIO	ON:FLORIDA STERLING GROUP CORP							
DOCUMENT NUMBER: _	P21000056570							
The enclosed Articles of Ame	endment and fee are su	ebmitted for filing.						
Please return all corresponder	nce concerning this ma	utter to the following:						
	HUGO O	SORIO						
		Name of Contact Perso	n					
	Firm/ Company							
	8300 NW 102 AV APT 223							
	-	Address						
	DORAL, FL 33178							
		City/ State and Zip Cod	e					
	hugoster	lingrealty@gmail.com						
E-	· · · · · · · · · · · · · · · · · · ·	sed for future annual report	notification)					
For further information conce	rning this matter, pleas	se call:						
HUGO OSORIO		at ( <sup>305</sup>	de & Daytime Telephone Number					
Name of Conta	act Person	Area Co	de & Daytime Telephone Number					
Enclosed is a check for the fo	llowing amount made	payable to the Florida Depa	artment of State:					
	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations The Centre of Tallahassee						

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

FLORIDA STERLING GROUP CORP (Name of Corporation as currently filed with the Florida-Dent. P21000056570 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New 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)

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:

X Change	<u>PT</u>	John D	<u>oe</u>	
X Remove	Y	Mike Jo	<u>ones</u>	
<u>X</u> Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VP	_	SINDY TAPIA	10540 NW 78TH ST APT 309
X Add				DORAL, FL 33178
Remove				
2) Change		_		
Add				
Remove 3 ) Change		_		
Add			<del></del>	
Remove				
4) Change		_		
Add			· · · · · · · · · · · · · · · · · · ·	
Remove				
51 Change				
Add				
Remove				
6) Change				
Add		_		
Remove				

rite number of shares the cu		and so the second			
	orporation is authoriz	ed to issue is: 1	wo (2)	·	
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If an amendment provid	les for an exchange,	reclassification	n, or cancellation	of issued shares.	
provisions for impleme	nting the amendme	nt if not contai	ned in the ameno	lment itself:	
(if not applicable, in	iaicate iv/A)				
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•	October 21, 2021	
The date of each amendment(s) adop date this document was signed.	lon:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment	file date)
<b>Note:</b> If the date inserted in this block document's effective date on the Depar	does not meet the applicable statutory filing requent of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopte action was not required.	by the incorporators, or board of directors withou	it shareholder action and shareholder
■ The amendment(s) was/were adopte by the shareholders was/were suffic	I by the shareholders. The number of votes cast for ient for approval.	r the amendment(s)
	ed by the shareholders through voting groups. The h voting group entitled to vote separately on the ar	
"The number of votes cast for	the amendment(s) was/were sufficient for approva	
by	(voting group)	. <del>"</del>
	(voting group)	
Dated		
Signature	Milleun	
(By a direct	or, president or other officer - if directors or office	ers have not been
selected, b	an incorporator – if in the hands of a receiver, tru kluciary by that fiduciary)	stee, or other court
аррописа		
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Dresident	
	(Title of person signing)	