P210000 57825

(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: 1-STRO GENERAL SERVICES CORP 9210000 57825 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LLYGON Scares GIQUEIRA ASTRO GENERAL SERVICES, CORP Firm/ Company 22293 SW GGTH AVE APT 2103 City/ State and Zip Code address: (to be used for future annual report notification) For further information concerning this matter, please call: ALLY SON SOURS STAURICE at 561 565 735 F

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **□\$43.75** Filing Fee & **□\$43.75** Filing Fee & \$52.50 Filing Fee **☒** \$35 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroc Street, Suite 810

Division of Corporations

Tallahassec, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation of

ASTRO GENERAL SERVICES, CORP

(Name of Corporati	ion as currently filed with the F	Iorida Dept. of State)	
	P21000057825		
(Docum	ment Number of Corporation (if I	(nown)	
Pursuant to the provisions of section 607.1006, Floridats Articles of Incorporation:	a Statutes, this Florida Profit Co	rporation adopts the following	lowing amendment(s
A. If amending name, enter the new name of the co	orporation:		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 co	corporated" or the abbre rporation name must c	eviation "Corp.,"
B. Enter new principal office address, if applicable	<u></u>		
(Principal office address MUST BE A STREET ADI			70
		· • • • •	
		7	<u> </u>
C. Enter new mailing address, if applicable:			\ =-
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		<u> </u>
			PH 1: 02
			<u> </u>
		·	
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, e l office address:	nter the name of the	
Name of New Registered Agent			
	(Florida street address)		
		T1 1	
New Registered Office Address:	(City)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing Re	gistered Agent:	l Hr	
I hereby accept the appointment as registered agent.	I am familiar with and accept to	ne obligations of the pos	inon.
Sign	nature of New Registered Agent,	if changing	
Ţ.	-		
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 = Clerective Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office he 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. Thera change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Chan Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT	John Doc	
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) Change	VP	Alexandre Dos Santos Siqueira	22293 SW 66 th Ave Apt 2103
X Add			Boca Raton, FL, 33428, USA
Remove			
2) Change	VP	Marlene Soares Siqueira	22293 SW 66 th Ave Apt 2103
X Add			Boca Raton, FL, 33428, USA
Remove 3) Change	VP	Gabriel Siqueira Soares	22293 SW 66 th Ave Apt 2103
X Add			Boca Raton, FL, 33428, USA
Ксточе			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
Please add all 3(Alexandre Dos Santos Siqueira, Marlene Soares Siqueira, Marlene Soares Siqueira) n	ew Vice presidents
n my business. Thank you so much!	
	<u> </u>
	· -
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
N/A	
	<u> </u>
	. <u>.</u>

The date of each amend date this document was s		, if other than t
Effective date if applica	(no more than 90 days after amendment file date)	
	ed in this block does not meet the applicable statutory filing requirements, this date will not e on the Department of State's records.	ot be listed as t
Adoption of Amendmen	nt(s) (CHECK ONE)	
The amendment(s) wa action was not require	as/were adopted by the incorporators, or board of directors without shareholder action and shed.	ıarcholder
	as/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.	
	as/were approved by the shareholders through voting groups. The following statement rovided for each voting group entitled to vote separately on the amendment(s):	
"The number of	f votes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated_	10/20/202 ASS	
Signati		
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	ALLYSON SOARES SIQUEIRA	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

as t