## P21000087005

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	÷ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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2022 HAY 13 PH 5: 07

A. BUTLER
JUL 14 2022

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Real Silver Star Co	orporation (changing to Rar	none Silvera Corporation)
DOCUMENT NUM	P21000087005		•
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Ramone Silvera		
		Name of Contact Persor	1
	Ramone Silvera Corporation		
		Firm/ Company	
	220 S Claire Dr		
	-	Address	
	Panama City, FL 32401		
	-	City/ State and Zip Cod	<u> </u>
	RamoneSilvera@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	ion concerning this matter, pleas	se call: 954	330-3095
	e of Contact Person	at (	_)de & Daytime Telephone Number
	for the following amount made		
S35 Filing Fee	☐ \$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		Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

Real Silver Star Corporation		2022 HAY 12 PM
(Name (	of Corporation as currently	y filed with the Florida Dept. of State) PH 5: 08
P21000087005		SECRETORY OF STATE
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this a	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
Ramone Silvera Corporation		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	${\it Corp.}$ " " ${\it Inc.}$ " ${\it or}$ " ${\it Co.}$ ". A	company," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, (Principal office address MUST BE A S		N/A
<u></u>	,	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A
D. If amending the registered agent ar new registered agent and/or the new		
Name of New Registered Agent	N/A	
	(Florida str	eet address)
New Registered Office Address:	N/A	. Florida
		(City) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		t with and accept the obligations of the position.
	Signature of New R.	egistered Agent, if changing
	menune of the H	Same of regent, if comaging

Check if applicable

<sup>☐</sup> 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 De	<u>oc</u>	
X Remove	<u>y</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Si		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change	<del></del>	<del></del>		
Add				
Remove 3.1 Change	·- <u>-</u>	<del>_</del>		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change				
Add		<del></del>		
Remove				
INCHIOVO				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	<del></del>
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	

. .

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
05/09/2022 Effective date <u>if applicable</u> :	
(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, thi document's effective date on the Department of State's records.	s date will 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 was not required.	action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement be separately provided for each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
05/09/2022 Dated	
Signature Kamone Silvera	
(By a director, president or other officer – if directors or officers have not b selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
Ramone Silvera	
(Typed or printed name of person signing)	
President	

(Title of person signing)