P22000005230

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SECRETARY OF SIALL
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COVER LETTER

TO: Amendment Section Division of Corporations START COL INCORPORATED P22000005230 DOCUMENT NUMBER: ___ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following. Firm/ Company BICLPORD DRIVE
Address E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>979</u>) <u>997 – 8777</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

 \mathbf{of}

\bigcirc		1
START	COL	INCORPORATED
(Name o	Corporat	ion as currently filed with the Florida

(Name of Corporation as currently filed with the Florida Dept. of State)	
P22 00000 5230	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following ame its Articles of Incorporation:	ndment(
A. If amending name, enter the new name of the corporation:	
The	new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the "chartered," "professional association," or the abbreviation "P.A."	orp., "
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)	<u></u> ,
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 (3ddress):	
(City) (Zip Code)	
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	

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.

\underline{X} Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	lones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>coo_</u>	YEVGENY MOIL	5 AUDERY CT
X Add			VOORHEES, NJ
Remove			08043
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			1
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	
	
	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	numera ir not contained in the amenument usen.
Company Shares	are to be distributed evenly between
as it Vusiain and	Verno Maix 50th to coal
iasigi rushinir ama	Yevgeny Moik, 50 70 to each.

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The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment ji	ile date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requ partment of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for flicient for approval.	the amendment(s)
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the am	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
(By a di selected	rector, president or other officer - if directors or officer l, by an incorporator if in the hands of a receiver, trusted fiduciary by that fiduciary)	stee, or other court
	(Typed or printed hame of person signing)	
	<u>CĒD</u>	
	(Title of person signing)	