## P22000 70851

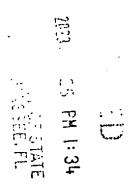
| (Re                                     | equestor's Name)  | )            |  |  |
|-----------------------------------------|-------------------|--------------|--|--|
| (Ac                                     | ddress)           |              |  |  |
| (Ac                                     | idress)           | <del>_</del> |  |  |
| (Ci                                     | ty/State/Zip/Phon | ne #)        |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL         |  |  |
| (Bu                                     | isiness Entity Na | me)          |  |  |
| (Do                                     | ocument Number)   | )            |  |  |
| Certified Copies                        | _ Certificate:    | s of Status  |  |  |
| Special Instructions to Filing Officer: |                   |              |  |  |
|                                         |                   |              |  |  |
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Office Use Only



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07/26/23--01013--006 \*\*35.00



07/26/23



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form for filing *Articles of Amendment* to amend the articles of incorporation of a *Florida Profit Corporation* pursuant to section 607.1006, Florida Statutes. This is a basic amendment form and may not satisfy all statutory requirements for amending.

A corporation can amend or add as many articles as necessary in one amendment.

- The original incorporators cannot be amended.
- If amending the name of the corporation, the new name must be distinguishable on the records of the Florida Department of State. A preliminary search for name availability can be made through the Division's website at www.sunbiz.org. You are responsible for any name infringement that may result from your corporate name selection.
- If amending the registered agent, the new agent must sign accepting the appointment and state that he/she is familiar with the obligations of the position.
- If amending/adding officers/directors, list titles and addresses for each officer/director.
- If amending from a general corporation to a professional corporation, the purpose (specific nature of business) must be amended or added if not contained in the articles of incorporation.

If a section is not being amended, enter N/A or Not Applicable. The document must be typed or printed and must be legible.

Pursuant to section 607.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90th day after the date on which the document is filed.

Filing Fee \$35.00 (Includes a letter of acknowledgment)

Certified Copy (optional) \$8.75

Certificate of Status (optional) \$8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

For further information you may call the Amendment Section at (850) 245-6050

CR2E011 (1/20)

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO                                                                                  | RATION: ASTERI SERVICI                      | E CORP                                                                      |                                                                                                      |          |              |
|------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------|--------------|
| DOCUMENT NUM                                                                                   | BER:                                        |                                                                             |                                                                                                      |          |              |
| The enclosed Articles                                                                          | of Amendment and fee are su                 | bmitted for filing.                                                         |                                                                                                      |          |              |
| Please return all corn                                                                         | espondence concerning this ma               | tter to the following:                                                      |                                                                                                      |          |              |
|                                                                                                | MARK KUCA                                   |                                                                             |                                                                                                      |          |              |
|                                                                                                |                                             | Name of Contact Perso                                                       | n                                                                                                    |          | _            |
|                                                                                                | SAFE HARBOUR TAX AN                         | D ACCOUNTING SERVI                                                          | CES                                                                                                  |          |              |
|                                                                                                |                                             | Firm/ Company                                                               |                                                                                                      |          | _            |
|                                                                                                | 1301 RIVERPLACE BLVD.                       | SUITE 800                                                                   |                                                                                                      |          | 1~4          |
|                                                                                                |                                             | Address                                                                     |                                                                                                      |          | - :-:<br>:.3 |
|                                                                                                | JACKSONVILLE, FL 32207                      | 7                                                                           |                                                                                                      |          | -            |
|                                                                                                |                                             | City/ State and Zip Cod                                                     | e                                                                                                    | ·:-      | -<br>        |
|                                                                                                | mark@safeharbouraccounting.com              |                                                                             | in<br>Die i                                                                                          |          |              |
|                                                                                                | E-mail address: (to be us                   | sed for future annual report                                                | notification)                                                                                        | 1110     |              |
|                                                                                                |                                             |                                                                             |                                                                                                      | 근데       | PM 1: 34     |
| For further information                                                                        | on concerning this matter, pleas            | se call:                                                                    |                                                                                                      | • • •    |              |
| MARK KUCA                                                                                      |                                             | at (                                                                        | 621-0829                                                                                             |          |              |
| Name of Contact Person                                                                         |                                             | Area Co                                                                     | de & Daytime Telephor                                                                                | ie Numbe | er           |
| Enclosed is a check f                                                                          | or the following amount made                | payable to the Florida Dep                                                  | artment of State:                                                                                    |          |              |
| ■ \$35 Filing Fee                                                                              | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | □\$52.50 Filing Fee<br>Certificate of Statu<br>Certified Copy<br>(Additional Copy<br>is enclosed)    | s        |              |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 |                                             | Amend<br>Division<br>The C<br>2415                                          | Address Iment Section on of Corporations fentre of Tallahassee N. Monroe Street, Suitassee, FL 32303 | ie 810   |              |

## Articles of Amendment to Articles of Incorporation of

ASTERI SERVICE CORP

|                                                                                                                              | of Corporation as curr    | ently filed with the F       | Florida Dept. of State)       |                     |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------|-------------------------------|---------------------|
| P22000070851                                                                                                                 | (I) www.m.t Nivanh        | er of Corporation (if I      |                               |                     |
|                                                                                                                              | (Document Numb            | er or Corporation (if i      | Known)                        |                     |
| Pursuant to the provisions of section 607, ts Articles of Incorporation:                                                     | 1006. Florida Statutes, t | his <i>Florida Profit Co</i> | rporation adopts the follow   | ing amendment(s)    |
| a. <u>If amending name, enter the new na</u><br>MA                                                                           | ame of the corporation    | <u>:</u>                     |                               | The new             |
| name must be distinguishable and contain<br>"Inc" or Co.," or the designation "C<br>"chartered," "professional association," | lorp," "Inc," or "Co"     | . A professional co          |                               | tion "Corp.,"       |
| 3. Enter new principal office address,                                                                                       | if applicable:            | N/A                          |                               |                     |
| Principal office address <u>MUST BE A S</u>                                                                                  |                           | ·                            |                               |                     |
|                                                                                                                              |                           |                              |                               | <u> </u>            |
| Takan man malilim addama if and                                                                                              | an hila.                  |                              | •                             | 12                  |
| . Enter new mailing address, if appli<br>(Mailing address MAY BE A POST)                                                     |                           | N/A                          | •                             | -                   |
| .,                                                                                                                           |                           |                              |                               | [N]                 |
|                                                                                                                              |                           |                              |                               | <del>-0 ; i</del> . |
|                                                                                                                              |                           |                              |                               |                     |
| . If amending the registered agent an<br>new registered agent and/or the nev                                                 |                           |                              | nter the name of the          | <br>မှ              |
| Name of New Registered Agent                                                                                                 | N/A                       |                              |                               |                     |
| Name of New Negatesea .igem                                                                                                  |                           |                              |                               |                     |
|                                                                                                                              | (Florid                   | a street address)            |                               | _                   |
| New Registered Office Address:                                                                                               | N/A                       |                              | . Florida                     |                     |
|                                                                                                                              |                           | (City)                       | <del></del>                   | p Coder             |
|                                                                                                                              |                           |                              |                               |                     |
|                                                                                                                              |                           |                              |                               |                     |
| ew Registered Agent's Signature, if c<br>hereby accept the appointment as regist                                             |                           |                              | e obligations of the position | ı.                  |
|                                                                                                                              |                           | •                            |                               |                     |
|                                                                                                                              |                           |                              |                               |                     |
|                                                                                                                              |                           |                              |                               |                     |
|                                                                                                                              | Signature of Ne           | w Registered Agent, i        | f changing                    |                     |

Check if applicable

 $\Box$  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 Doe            |                              |
|-------------------------------|--------------|---------------------|------------------------------|
| -                             | _            |                     |                              |
| X Remove                      | <u>V</u>     | Mike Jones          |                              |
| <u>X</u> Add                  | <u>SV</u>    | Sally Smith         |                              |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u>         | <u>Addres</u> s              |
| 1) Change                     | Р            | STATHI PAPPADIS     | 1258 ST. JOHN'S BLUFF ROAD ? |
| Add                           |              |                     | JACKSONVILLE, FL 32225       |
| X Remove                      |              |                     | 773                          |
| 2) Change                     | <u>p</u>     | EFSTATHIOS PAPPADIS | 1258 ST. JOHN'S BLUFF ROAD Y |
| X Add                         |              |                     | JACKSONVILLE, FL 32225       |
| Remove 3) Change              |              |                     |                              |
| Add                           |              |                     | 35<br>AIE                    |
| Remove                        |              |                     |                              |
| 4) Change                     | <del></del>  |                     |                              |
| Add                           |              |                     | <del></del>                  |
| Remove                        |              |                     |                              |
| 5) Change                     |              |                     |                              |
| Add                           |              |                     | <del></del>                  |
| Remove                        |              |                     |                              |
| 6) Change                     |              |                     |                              |
| Add                           |              |                     |                              |
| Remove                        |              |                     |                              |

| E. <u>If amending or adding additional Art</u><br>(Attach additional sheets, if necessary). | (Be specific)                                              |                                               |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------|
| N/A                                                                                         |                                                            |                                               |
|                                                                                             | · · · · · · · · · · · · · · · · · · ·                      | ·                                             |
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|                                                                                             |                                                            | <u>, , , , , , , , , , , , , , , , , , , </u> |
|                                                                                             |                                                            | 12.1                                          |
|                                                                                             |                                                            | 77.                                           |
|                                                                                             |                                                            | <u> </u>                                      |
|                                                                                             |                                                            | mo -                                          |
|                                                                                             |                                                            | 35<br>FL                                      |
| <u> </u>                                                                                    |                                                            | <u>m</u> 0,                                   |
|                                                                                             |                                                            |                                               |
|                                                                                             |                                                            | •                                             |
|                                                                                             |                                                            |                                               |
| F. If an amendment provides for an over                                                     | hange, reclassification, or cancellation of issued shares, |                                               |
| provisions for implementing the am                                                          | endment if not contained in the amendment itself:          |                                               |
| (if not applicable, indicate N/A)                                                           |                                                            |                                               |
| N/A                                                                                         |                                                            |                                               |
|                                                                                             |                                                            |                                               |
|                                                                                             |                                                            |                                               |
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|                                                                                             |                                                            | <u> </u>                                      |
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|                                                                                             |                                                            |                                               |
|                                                                                             |                                                            |                                               |
|                                                                                             |                                                            |                                               |

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| The date of each amendment(s)                                         | N/A                                                                                                                                                                        | , if other than the                      |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| date this document was signed.                                        | ado mon.                                                                                                                                                                   | If other than the                        |
| N/<br>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 f | block does not meet the applicable statutory filing requirement Department of State's records.                                                                             | nts, this date will not be listed as the |
| Adoption of Amendment(s)                                              | (CHECK ONE)                                                                                                                                                                |                                          |
| ■ The amendment(s) was/were action was not required.                  | lopted by the incorporators, or board of directors without sharel                                                                                                          | holder action and shareholder            |
| ☐ The amendment(s) was/were ac<br>by the shareholders was/were s      | lopted by the shareholders. The number of votes cast for the an sufficient for approval.                                                                                   | nendment(s)                              |
| •                                                                     | oproved by the shareholders through voting groups. The follows or each voting group entitled to vote separately on the amendme                                             | •                                        |
| "The number of votes cas                                              | st for the amendment(s) was/were sufficient for approval                                                                                                                   | 23                                       |
| by N/A                                                                | <u>,</u> "                                                                                                                                                                 |                                          |
|                                                                       | (voting group)                                                                                                                                                             |                                          |
|                                                                       |                                                                                                                                                                            | 0)                                       |
| 07/21/203<br>Dated                                                    | 23                                                                                                                                                                         | FIG Paris                                |
|                                                                       | 117                                                                                                                                                                        | 1:35<br>STATE                            |
| select                                                                | director, president or other officer - if directors or officers have ed, by an incorporator - if in the hands of a receiver, trustee, or nted fiduciary by that fiduciary) |                                          |
|                                                                       | EFSTATHIOS PAPPADIS                                                                                                                                                        |                                          |
|                                                                       | (Typed or printed name of person signing)                                                                                                                                  | _                                        |
|                                                                       | PRESIDENT                                                                                                                                                                  |                                          |
|                                                                       | (Title of person signing)                                                                                                                                                  |                                          |