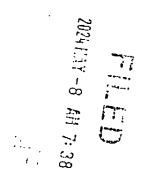
P24000012084

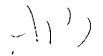




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05/08/24--01021--007 **35.00





COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION: STARFIX EVENT	'S CORP	
	BER: P24000012084		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	AURELIO NETO		
		Name of Contact Persor	1
	ONE TOUCH CONSUTING	SERVICES LLC	
		Firm/ Company	<u> </u>
	7345 W SAND LAKE RD S	• •	
		Address	
	ORLANDO, FL 32819		
	,	City/ State and Zip Code	
	FAX@ONETOUCHCS.COM	ব	
		sed for future annual report	notification)
		•	
For further informatio	n concerning this matter, plea	se call:	
AURELIO NETO		at (233-7350
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Div	iling Address endment Section sion of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

	of	The same of
STARFIX EVENTS CORP		Flien
(Name of Corporate	ion as currently filed with the Florida Dep	ot. of State)
P24000012084	40	OZY 1/1/17 -8 AH 7.0
(Docur	ment Number of Corporation (if known)	 "" /: 38
Pursuant to the provisions of section 607,1006, Florid its Articles of Incorporation:	la Statutes, this <i>Florida Profit Corporation</i> a	idopts the following amendment(s) to
A. If amending name, enter the new name of the c	corporation:	
		The new
name must be distinguishable and contain the word "c"Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbr	" or "Co". A professional corporation i	" or the abbreviation "Corp.,"
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 BO	<u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered		me of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		. Florida
the state of the s	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent. I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the obligation	ns of the position.
Sign	nature 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.

X Change	<u> 74</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ALEX DAVID DE OLIVEIRA	6373 CONROY RD #1914
Add			ORLANDO, FL
X Remove			32835
2) Change			
Add			
Remove 3) Change			
Add			
Remove			·
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding (Attach additional sheet	s, if necessary). (B	, enter change(s) le specific)	<u>here</u> :		
					
					
					
					
					
					
					
			<u></u>		
	<u></u>			_	
. If an amendment prov	ides for an exchang	<u>e, reclassificatio</u>	i <u>, or cancellatior</u>	<u>of issued shares,</u>	
provisions for implen	ienting the amendm	<u>ient if not contai</u>	ned in the amend	<u>iment itself:</u>	
(if not applicable,	maicale N/A)				
his amendment is to:					
Remove VP: ALEX DAV	/ID DE OLIVEIRA				
					
					
					

•

	04/01/2024
	endment(s) adoption:, if other than the
date this document w	•
Effective date <u>if app</u>	04/01/2024 licable:
	(no more than 90 days after amendment file date)
	serted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
Adoption of Amend	ment(s) (CHECK ONE)
The amendment(s action was not req) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder uired.
) was/were adopted by the shareholders. The number of votes cast for the amendment(s) rs was/were sufficient for approval.
) was/were approved by the shareholders through voting groups. The following statement by provided for each voting group entitled to vote separately on the amendment(s):
"The numbe	r of votes cast for the amendment(s) was/were sufficient for approval
by	···
-	(voting group)
Dat	
Sig	nature Pelana de alfriétaa Martins
	(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)
	JULIANA DE ALMEIDA MARTINS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)