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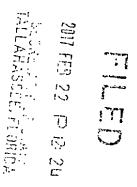
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COVER LETTER

TO: , Registration S Division of Co				
	AR HOLDING, LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	MOSHE SCHWARTZ			
	-	Name of Person		
	BLUE STAR HOLDING.	LLC		
		Firm/Company		
	2390 NE 172 STREET			
		Address		
	NORTH MIAMI BEACH.	, FL 33160		
		City/State and Zip Code		
	MOSHE@UTIFL.COM			
	E-mail address: (to be used for future annual report notifi		
For further information of	concerning this matter, please e	all:	2017 F	***
MOSHE SCHWARTZ		305 4664443 at ()		1
Name	of Person	Area Code Daytime	Telephone Number	17
Enclosed is a check for t	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUE STAR HOLDING, LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L01000011711}{L01000011711}$.	were filed on 07/17/01 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2390 NE 172 STREET
Trincipal office dataress steel BL ASTREET ADDRESS	NORTH MIAMI BEACH, FL 33160
Enter new mailing address, if applicable:	2390 NE 172 STREET
Mailing address MAY BE A POST OFFICE BOX)	NORTH MIAMI BEACH, FL 33160
 If amending the registered agent and/or registered or registered agent and/or the new registered office address her 	ffice address on our records, enter the name of the ne
Name of New Registered Agent:	5 D B
New Registered Office Address:	Enter Florida street address
	Florida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

lanager Authorized Member		
<u>Name</u>	Address	Type of Action
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		Remove
		□ Change
	_	
		□ Remove
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	Authorized Member	Name Address

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ective date, if other than the date effective date is listed, the date must be sp	of filing:	e of films or more than 90 days	optional)
e: If the date inserted in this block do ument's effective date on the Departn	oes not meet the applicable s	statutory filing requirements	, this date will not be liste
ument s effective date on the Departit	nent of State's records.		
record specifies a delayed effe		effective time, at 12:	
he 90th day after the record is	s filed.		
ed	2017		FEB :
			22 22 22 22 22 22 22 22 22 22 22 22 22

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00