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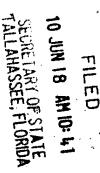
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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(Business Entity Name)				
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(Document Number)				
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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: STARS WORLDWIDE LLC Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please 1	return all correspondence concerning this matter to the following:
	JEFFREY TEICHER Name of Person
	Firm/Company
	15 HARBEN ROAD Address
	Address LONDON NW6 4RH, UNITED KINGDOM City/State and Zip Code JTEICHER D AOL: WM E-mail address: (to be used for future annual report notification)
	her information concerning this matter, please call: OII 44 7768 263 500
	EFFREY(OR) JOYCE at () Name of Person Area Code & Daytime Telephone Number TEICHER
Enclose	ed is a check for the following amount:
□ \$25. -	00 Filing Fee \$\ \text{S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status}\$\ \text{Certified Copy (additional copy is enclosed)}\$\ \text{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

FILED

10 JUN 18 AM ID: 41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STARS W	DRIDE	LLC	
(Name of the Limited Liabi (A Florid			· ·
	•	•	
The Articles of Organization for this Limited Liability	y Company were filed on	JULY 19,20	∞≤ and assigned
Florida document numberL_050007	<u>-11 0</u>	· '	
This amendment is submitted to amend the following) '	·	
A. If amending name, enter the new name of the l	imited liability company	here:	
			•
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Co	mpany," the designation	1 "LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or reg	gistered office address o	n our records, <u>ente</u>	r the name of the new
registered agent and/or the new registered office a	<u>ddress here</u> :		
		,	
Name of New Registered Agent:			
New Registered Office Address:		<u>.</u>	
	- •	Enter Florida street o	address
		, Florida	
	City		Zip Code

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 608, 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MgR	JOYCE EICHER	15 HARBEN ROAD LONDON NWG YRH	Add Remove
		UNITED KINGDOM	Add Remove
			Add Remove
			Add Remove
		,	AddRemove
			Add Remove
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessar	v.)
		· .	10 JUN SECRETI
			TILED 18 ANIO: LI ARY OF STATE ASSEE, FLORID
Dated	TH JUNE 2011	r authorized representative of a member	ORIDA
	JEFFRE		
	r ypeu u	hulter nerrie or signer	

Page 2 of 2

Filing Fee: \$25.00