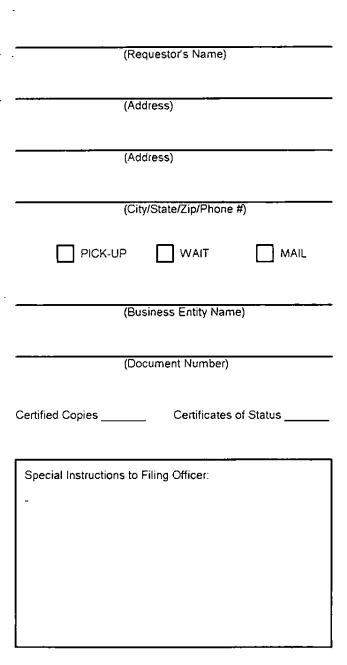
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COVER LETTER

| то: | Registration Se Division of Cor | | | | | | |
|-----------|------------------------------------|--|---|--|--|--|--|
| em 107 | Wild Dande | | | | | | |
| SUBJEC | CT: | | ited Liability Company | | | | |
| The encl | losed Articles of | Amendment and fee(s) are sub | mitted for tiling. | | | | |
| Please re | eturn all correspo | ndence concerning this matter | to the following: | | | | |
| | | Talia Krugman-Kadi | | | | | |
| | | | Name of Person | | | | |
| | | N Star Capital LLC | | | | | |
| | | | Firm/Company | | | | |
| | | 204 37th Ave N #124 | | | | | |
| | | | Address | | | | |
| | | St Petersburg, FL 33704 | | | | | |
| - | | | City/State and Zip Code | | | | |
| | | taliaksquared@gmail.com | 1.0.0 | | | | |
| For furth | ner information c | er-man address: (| to be used for future annual report notifiall: | neation) | | | |
| | rugman-Kadi | | 352 870-0618 | | | | |
| | Name o | f Person | Area Code Daytim | e Telephone Number | | | |
| Enclosed | d is a check for th | ne following amount: | | | | | |
| □ \$25 | .00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | | |
| | | | | | | | |

Mailing Address:

TO:

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

Street Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Comp. (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 L14000102430 | were filed on 06/30/2014 | and ass | igned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | | |
| N Star Capital LLC | | | |
| 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: | 204 37th Ave N | _ | |
| (Principal office address MUST BE A STREET ADDRESS) | #124 | | |
| | St. Petersburg, FL 33704 | | • • |
| Enter new mailing address, if applicable: | 204 37th Ave N | 024 FA | |
| Mailing address MAY BE A POST OFFICE BOX) | #124 | | |
| | St. Petersburg, FL 33704 | | : |
| | - | Ę. | k v aq |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | Enter Florida street address | ame of the ne | w regist |
| | | | |
| | , Flori,, Flori, | Zip Code | |

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

MODEL IN 1 . D. ... 1 . 1 . 22

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.

If Changing Registered Agent Signature of New Registered Agent

Page 1 of 3

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

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------------|-------------------------|----------------|
| MGR | Talia Krugman-Kadi | 204 37th Ave N | |
| | | #124 | □Remove |
| | | St Petersburg, FL 33704 | |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
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Page 2 of 3

| Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 Mote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed adocument's effective date on the Department of State's records. The 90th day after the record is filed. Dated March 23 Signature of a mether of authorized representative of a friender. | | |
|---|--------------------------|--|
| Effective date, if other than the date of filing: | | |
| Effective date, if other than the date of filing: | | |
| Effective date, if other than the date of filing: [Optional] If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed adocument's effective date on the Department of State's records. The 90th day after the record is filed. Dated March 23 2023 March 23 2023 | | |
| Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.028 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The 90th day after the record is filed. 2023 March 23 2023 | | |
| Effective date, if other than the date of filing: | | |
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| Dated | | |
| | Dated | March 23 2023 |
| Signature of a member of authorized representative of a member | | |
| | | |