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Special Instructions to Fil	ing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations

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STARDUST MEDIA LLC

SUBJECT: _

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Katarina Obermanova

Name of Person

STARDUST MEDIA LLC

Firm/Company

2100 Park ave, apt. 208S

Address

Miami Beach, 33139 FL

City/State and Zip Code

info.stardustmedia@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Weller	424	2068665
	at (])
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status

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\$55.00 Filing Fee & S Certified Copy (additional copy is enclosed)

\$60.00 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

STARDUST MEDIA LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/18/2018 and assigned Florida document number 1.18000124979

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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Enter new mailing address, if applicable:	 2	
(Mailing address MAY BE A POST OFFICE BOX)	<u>ж</u>	
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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	INTERLAKEN VENTURES LLC	
New Registered Office Address:	350 LINCOLN RD	
	Enter Florida street address	
	MIAMI BEACH	, Florida ³³¹³⁹
	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 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

 \Box

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u> Brian Weller	<u>Address</u> 350 LINCOLN RD,	Type of Action
MGR		MIAMI BEACH 33139, FL	Add
			Change
MGR	Katarina Obermanova	350 LINCOLN RD, MIAMI BEACH 33139, FL	🗆 Add
			Remove
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D. If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
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effective date, if other than the date of filing:	optiona (optiona nore than 90 days after filing requirements, this days after filing	l) ng.) Pursuant to 605.0 te will not be listed
ument's effective date on the Department of State's records.	ng requirements, tina da	te win not de nace

If the (b) The 90th day after the record is filed.

Dated	2018
	ua
	Signature of a member or authorized representative of a member
Brian Weller	
	Typed or printed name of signee

Page 3 of 3

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Filing Fee: \$25.00