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APR 2 7019 T. LEINEUX

COVER LETTER

TO:	Registration Sec Division of Cor				
411115.18		JDIOS LLC	•		
SUBJE	.CT;	Name of Lim	ited Liability Company		
The end	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Arthur Aaronson			
			Name of Person		
		Aaronson & Aaronson			
			Firm/Company		
		16133 Ventura Blvd., Suite	e 675		
			Address		
		Encino, CA 91436			
			City/State and Zip Code		
	art@arthuraaronson.com				
		E-mail address: (to be used for future annual report notif	lication)	
For fur	ther information co	oncerning this matter, please ca	all:		
Arthur	Aaronson		818 783-3858		
	Name o	f Person		e Telephone Number	
Enclose	ed is a check for th	ne following amount:			
S \$2:	5.00 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:

y 1

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

ISTAR STUDIOS LLC

(Name of the Limited Liability Company as it now appears of bill Actord B (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C	Company were filed on April 2	12AI9ASSEE, FLOWER and assigned
Florida document number 1.19000089846		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
ISTAR ENTERPRISES LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designa	ntion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sti	reet 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 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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
			☐ Remove
			☐ Change
			□ Remove
			□ Remove
			☐ Change
			
			Remove
			Change
			□ Add
			☐ Remove
			Change
			D Add
			□ Remove
			☐ Change

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Filing Fee: \$25.00