120000133344

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #	<u>, </u>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
	Q. SILAS	
رد	mad (o 2022	
 		

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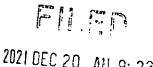
12/28/21--01022--028 **25.00

COVER LETTER

.,				
SUBIFCT	Easte	ern Star Therapeutics	S	•
SOBJECT.				
The enclosed Ar	ticles of A	Amendment and fee(s) are sub	emitted for filing.	
Please return all	correspoi	ndence concerning this matter	to the following:	
	Eastern Star Therapeutics Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. see return all correspondence concerning this matter to the following: Winnie Jean			
			Eastern Star Therape	eutics
			Firm/Company	
			10525 sw 24th stree	et
			Address	 _
			Miramar FI 33024	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For further infor	mation co		•	
Wi	innie J	ean	at (786) 443-	5271
	Name of	Person		me Telephone Number
Enclosed is a che	eck for th	e following amount:		
⊠ \$25.00 Filin	g Fee		Certified Copy	Certificate of Status & Certified Copy
				ection
_				
P.O. B	30x 632	7	The Centre of	Tallahassee
i aliah	assee, F	L 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



		1021 020 20 Att 9: 23
Eastern Sta	ar Therapeutics LLC	SECRET STATE OF STATE
(Name of the Limited Liabi (A Flori	lity Company as it now appears da Limited Liability Company)	s on our records:)
The Articles of Organization for this Limited Liability Florida document numberL20000133344		5/18/20 11/23/2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company her	<u>re</u> :
House Of Ether LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		cords, enter the name of the new register
Name of New Registered Agent:	<u></u>	
New Registered Office Address:		
	Enter Flori	da street 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 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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			_Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Chang/e

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<u>. </u>		
iote: If t	date, if other than the date of filing:	0207 i d as t
record sp I is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ated	11/23/2021	
	Signature of a member of authorized representative of a member	
	Winnie Jean Typed or printed name of signee	

Filing Fee: \$25.00