Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON

Account Number : I20060000135

Phone : (305)789-3200

Fax Number

: (305)789-4137

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Emuil Address: Jodel@newstar-development.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEWSTAR DEVELOPMENT, LLC

| Certificate of Status | 0 |
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AUG 1 2 2024

K. Brumbley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| NEWSTAR DEVELOPMENT, LLC | | | | |
|--|--|---|------------------|---------------|
| (<u>Name of the Limited Limbili</u> (A Florida | § Company mil now annears on our records.) Limited Erability Company) | | _ | |
| The Articles of Organization for this Limited Liability Conference L20000199167 | ompany were filed on: JULY 16, 2020 | and | f assig: | ped |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limi | ted liability company here: | | | |
| The new name must be distinguishable und contain the words "Limi | ned Liability Company," the designation "LLC" or th | e abbreviatio | ո "ե.ե.Հ | <u> </u> |
| Enter new principal offices address, if applicable: | | | · | |
| (Principal office address MUST BE A STREET ADDR | ESS) | | | |
| | | | | |
| 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 address here: | office address on our records, enter the n | ame of the | new.r | egistered |
| | | | 202 | |
| Name of New Registered-Agent: | | = ;: | <i>∓</i> | * <u>*</u> _ |
| New Registered Office Address: | | | 25 | T1, |
| | Erner Flortdu zircet address | | ض | naz e |
| | Florida | | P¥ | |
| | City | ZpV | كابوكا | = |
| New Registered Agent's Signature, if changing Registered | Agent: | | <u>_</u> | |
| I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag- being filed to merely reflect a change in the registered company has been notified in writing of this change. | mplete performance of my duties, and I a ent as provided for in Chapter 605, F.S. C | m familiar Dr _v if this a | with a locume | incl |

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

| Title | <u>Name</u> | <u>Address</u> | Type of Action |
|-------|--|---------------------------|--|
| MBR | Richard L. Higgins | 200 South Division Street | ■Add |
| | | Buffish, NY 14204 | |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | []Change |
| | | BhA□ | |
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| Effective date, if other than the date in offective date is listed, the date. Note: If the date inserted in this | he date of filing: | | (optional) | |
| Note: If the date inserted in this document's effective date on the | | | | uan: to 695,0207 (3)(not be listed as the |
| ne record specifies a delayed effect and is filed. | tive date, but not an effecti | ive time, at 12:01 a.m. c | n the earlier of: (b) The 900 | t day after the |
| Dated August 8, | 2024 | , | | |
| • | To- | | | |
| | Signature of a member or | anthorized representative | of a righter | |
| | | | | |

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