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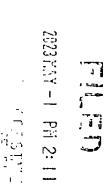
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## **COVER LETTER**

TO: Registration Se Division of Cor					
≽ EduStar10	1		•		
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Diaka Tartt				
		Name of Person			
	EduStar 101				
	-	Firm/Company			
	3470 Foxcroft Road, #311				
	-	Address			
	Miramar, FL 33025			2023 HAY	
		City/State and Zip Code	-1	HAY	7
	dtartt18@gmail.com	T 13 3	- ;	_	1-
For further information c	r-man address: ( concerning this matter, please c	to be used for future annual report no all:	offication)	PH 2:	
Diaka Tartt		954 292-6233		=	
Name o	of Person		me Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate Certified Co (additional co	of Status opy	
Mailing Addres		Street Address:			
Registration Section Division of Corporations		Registration S Division of Co			
P.O. Box 632		The Centre of			

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EduStar101, 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  $\frac{08/31/2020}{1}$  and assigned Florida document number  $\frac{1.20000270578}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: EduStar, LLC 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>		Type of Action
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rective date, if other than the date of filing: \(\mathbb{N}\)/\(\text{A}\)  In effective date is listed, the date must be specific and cannot be prior to date of filing of te: If the date inserted in this block does not meet the applicable statutory file the date inserted in the Department of State's records.	r more than 90 days after tilin	g.) Pursuant to 60	)5.02 sted
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.n is filed.	n. on the earlier of; (b) T	'he 90th day aft	er th
ted April 25 , 2023 .			
Digha Darth	ive of a member		

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