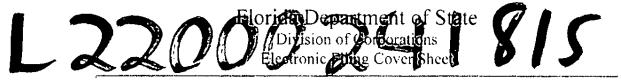
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Division of Corporations

11/9/23, 10:45 AM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230003891603)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORMIAMI.COM INC

Account Number : I20200000130 Phone : (954)345-7888 Fax Number : (786)713-1940

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

Email Address:_



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To: CORPORATE AMENDMENT

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From, TAXLEAF, COM INC CONTADORAMERICA COM

H23000389160 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LARK STAR	CIRADINGELL	
(Name of the Limited Liability C) (A Florida Lim	mnany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number 1.22000241815	pany were filed on 05/24/2022	and assigned
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 I	Liability Company," the designation "LLC" or	the abbreviation "L E.C."
Enter new principal offices address, if applicable:		·->
(Principal office address MUST BE A STREET ADDRESS	5)	
		1
Enter new mailing address, if applicable:		:
(Mailing address MAY BE A POST OFFICE BOX)	•	•
Mutaing tauness mat be a rost of fice box	 	•
		<u> </u>
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter the</u>	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	P. 19.41	
	Enter Florida street address	
<u></u>	. Florid	ła Zip Code
	City	Хір 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.

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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
AMBR	BARROS, DAMIAN CESAR	5537 SHELDON RD SUITE E	□Add
		TAMPA, FL 33615	≡ Remove
			∐Change
AMBR ZANARDI, MARCELO E	ZANARDI, MARCELO EDUARDO	5537 SHELDON RD SUITE E	⊒ Add
		TAMPA, FL 33615	□Remove
			☐ Change
			□ Кепюче
			Change
			UAdd
			□Remove
			□ Change
			∏Add
			🗀 Remove
			☐ Change
			□ Add
			□Remove
			ClChanna

H23000389160 3 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) the an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the record is filed. OCTOBER 18TH 2023

MARCELO EDUARDO ZANARDI

Typed or printed name of signee