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SECRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corpora				
SUBJECT. NOble	Star Insurance	LLC		
SUBJECT:	Name of Limited Liab			
The enclosed Articles of Amo	endment and fee(s) are submitted f	or filing.		
Please return all corresponder	nce concerning this matter to the fo	ollowing:		
	Kristin Mal	lett		
-		lame of Person		
	Noble Star In	surance LLC		
•	ľ	irm/Company		
	1000 SE 15th S-	treet #202		
-		Address		
_	Fort Lauderdal	e, FL 33316		
	City/S	State and Zip Code		
_	Krishnmalle # 921 @ E-mail address: (to be use	d for future annual report notification)	
For further information conce	erning this matter, please call:			
Kristin Mall	eH	954 . 235- DO	71	
Name of Per	son	at (954) 235-00 Area Code Daytime Telepl	hone Number	
Enclosed is a check for the fo	llowing amount:			
\$25.00 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:		Street Address:		
Registration Section		Registration Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Moble Star Insurana	ie LLC			
(Name of the Limited Liability ((A Florida Li	Company as it now appears on ou mited Liability Company)	r records.)		
The Articles of Organization for this Limited Liability Com- Florida document number <u>L2200307969</u>	npany were filed on	2022 and assign	ned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company here:			
The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable:		on "LLC" or the abbreviation "L.L.C	2."	
(Principal office address MUST BE A STREET ADDRES	<u> </u>			
Enter new mailing address, if applicable:		SECRETAI TALLAH	T	
(Mailing address MAY BE A POST OFFICE BOX)		<u>}</u>) 	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records	S OF STA	U	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida 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>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	Kristin Mallett	1000 SE 15th Street # 202	iXAdd
		1000 SE 15th Street # 202 Fort Landerdale, FL 33316	□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
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an effect ote: If	e date, if other than tive date is listed, the date the date inserted in thi at's effective date on the	must be specific and car s block does not mee	nnot be prior to out the applicable			ling.) Pursuant to 605.	
record :	specifies a delayed effe	ctive date, but not an	effective time	, at 12:01 a.m. on	the earlier of: (b)	The 90th day after	the
ated _	7/12/22	Di-off	hr				
		Signature of a mer	nber or authoriz	ed representative of	a member		
				•			