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	Address)	
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(0	City/State/Zip/Phone #)	
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## **COVER LETTER**

	gistration Se ision of Cor			
SUBJECT.	TOPSTAR	MODELING ENTERTAINM	ENT HOLDINGS LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ondence concerning this matter	to the following:	
		SAVYOR GREER		
			Name of Person	
		TOPSTAR MODELING	ENTERTAINMENT HOLDINGS	LLC
			Firm/Company	
		17910 SW 80TH AVE		
			Address	
		PALMETTO BAY, FLOR	IDA 33157	
		GREERSAVYOR@GMAI	City/State and Zip Code	
		<del>-</del>	to be used for future annual report no	tification)
For further i	nformation c	oncerning this matter, please c	all:	
SAVYOR C	GREER		786 356-2401	
	Name o	f Person	at () Area Code Daytir	me Telephone Number
Enclosed is a	a check for th	ne following amount:		
<b>≡</b> \$25.00 I	Filing Fee	□ \$30.00 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)
Re Di		Section Corporations	Street Address: Registration Se Division of Co	prporations
P.C	D. Box 632	7	The Centre of	Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED.
2023 OCT 10 PM 2: 4:
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TOPSTAR MODELING ENTERTAINMENT HOLDINGS LLC
(Name of the Limited Linkilla, C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) PALLAHASSEE, FI The Articles of Organization for this Limited Liability Company were filed on 05/03/2023 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 Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 \_, Florida \_\_ City

## 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, 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>	Address	Type of Action
MGR	PROTNOV, MARK I	3300 NE 188TH ST. APT 513	
		AVENTURA, FL 33180	■Remove
			□Change
MGR	MEJIA, IAN	3000 NE 180TH ST. APT 110	□Add
		AVENTURA, FL 33180	■Remove
			Change
			□Add
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he reco ord is f	rd specifies a delayed ( iled.	effective date, b	ut not an effective	time, at 12:01 a.r	n. on the earlier of: (	b) The 90th day after	er the
Datec	OCTOBER 5TH		2023	,			
		e	Savyor Ar	eer	ve of a member		
		Signature	of a member of aut	horized representat	ive of a member	<del></del>	
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Filing Fee: \$25.00