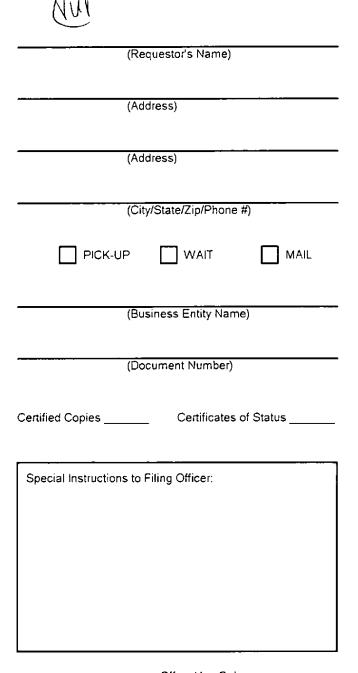
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Office Use Only



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01/23/24--01023--018 **25.00

SECHETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor			
Stardyst Gr	roup, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Caleb Nichols		
		Name of Person	
		Firm/Company	
	3225 McLeod Drive, Suite		
		Address	
	Las Vegas, Nevada 89121		
	·	City/State and Zip Code	
	ra@andersonadvisors.com	1000	
For further information c	n-man address: (oncerning this matter, please of	to be used for future annual report not all:	meadon)
Caleb Nichols		800 706-4741 at ()	
Name o	f Person	Area Code Daytir	ne 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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 9		<u>Street Address:</u> Registration Se	ection
Division of C	'orporations	Division of Co	rporations
P.O. Box 632		The Centre of	
Tallahassee, 1	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iny as it now appears on our records Liability Company)	<u>.)</u>
were filed on 1/3/2024	and assigned
Her company house	
anty company nere:	
<u>.</u> -	
lity Company," the designation "LLC"	or the abbreviation "L.L.C."
	<u> </u>
address on our records, enter	TALL DAN 23 PH 5: SHE STATE THE name of the pew registe
Enter Florida street address	
, Flo	rida Ziv Code
	Liability Company) were filed on 1/3/2024 dility company here: lity Company," the designation "LLC" address on our records, enter to the street address on the street addres

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

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□Remove
			Change
			Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□ Remove
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			🗆 Add
			Remove
			□ Change
			□ Add
			Remove
			Change.

	 						
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Note: If the	ate, if other than date is listed, the date date inserted in the effective date on t	nis block does no	ot meet the appli	cable statutory f	or more than 90 days Iling requirement	optional) s after filing.) Purs s, this date will	mant to 605.0207 (not be listed as I
	cifies a delayed eff	fective date, but	not an effective	time, at 12:01 a.	m. on the earlier	of: (b) The 90t	h day after the
rd is filed.	ıry İ2th		2024				
rd is filed.	ary 12th M.S.	<u> </u>	2024	·			
ord is filed.	ary 12th	<u> </u>	2024 f a member or aut	norized representa	tive of a member		