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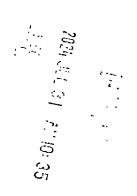
(Requestor's Name)
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COVER LETTER

TO: Registration So Division of Co			
	stments LLC		
SUBJECT:	Name of Lin	nited 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:	
	Thirupathi Thanneeru		
		Name of Person	
		Firm/Company	
	2812 Twinberry Ln	, ,	
		Address	 ,
	Waxhaw NC 28173		
		City/State and Zip Code	
	investments.4star@gmail.c		
	E-mail address: (to be used for future annual report no	otification)
For further information of	concerning this matter, please c	all:	
Thirupathi Thanneeru		980 3953149 at ()	
Name o	of Person	Area Code Days	ime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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)
Mailing Addres		Street Address: Registration S	lection
Registration Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4Star Investments LLC		
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records.) led Liability Company)	
The Articles of Organization for this Limited Liability Comparing document number <u>L24000320621</u>	any were filed on 7/19/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited I</u>	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	2	
		<u> </u>
Enter new mailing address, if applicable:		5
(Mailing address MAY BE A POST OFFICE BOX)		<u>(</u> ပ
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, enter th	e name of the new registered
igent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		da
	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 Changing Registered	Agent, Signature of No	w 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>	Name	Address	Type of Action
AMBR	Srinivasa Reddy Jonnalagadda	7831 Notched Pine Bend Wesley Chapel, FL 33545	
			□Remove
			Change
			□Add
			□Remove
			Change
			□Remove
			□Change
			□Add
			Remove
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fecti	ve date, if other than the date of filing: (optional)
n effi o te:	ective 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 605.020' If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
ecore	d 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 ed.
ted .	7/26/2024
	(Cally)
	Signature of a member or authorized representative of a member

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