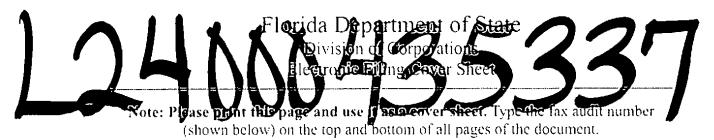
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Electronic Filing Menu

Corporate Filing Menu

Help

Page: 28 of 36

Tallahassee, FL 32314

COVER LETTER

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| | BLUE STA | AR ONLINE LLC | | | | |
| SUBJECT: _ | | Name of Lim | ned Liability Company | | | |
| | | Amendment and fee(s) are sub | | | | |
| ricase return a | it correspo | Mike Town | te the forowing. | | | |
| | | <u></u> | Name of Person | | | |
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| For further info | ormation c | oncerning this matter, please co | | report nouncations | | |
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Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

From: Rejiv Srivas

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BLUE STAR ONLINE LLC | | |
|--|---|--|
| (<u>Name of the Limited Llability Compa</u> (A Florida Limited | iny as it now appears on our record Liability Company) | 5.1 |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L24000435337</u> | were filed on <u>10/10/2024</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 2332 Galiano St., 2nd Floor | |
| (Principal office address MUST BE A STREET ADDRESS) | Miami, FL 33134 | 2024 * |
| Enter new mailing address, if applicable: | 2332 Galiano St., 2nd Floor | WOV 26 |
| (Mailing address MAY BE A POST OFFICE BOX) | Miami, FL 33134 | |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her | | s, enter the name of the ne |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addres | S |
| | . Flo | orida |
| New Registered Agent's Signature, if changing Registered Agent: | • | zap Cour |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | ee to act in this capacity. I fur performance of my duties, ar provided for in Chapter 605, | nd I am familiar with and F.S. Or, if this document is |

To: Page: 30 of 36 2024-11-25 17:10.12 PST 13236068205 From: Rajiv Sriva

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 |
|--------------|-------------|---|--|
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| Note: 1 | f the date inserted in this | the date of filing: must be specific and cannot be prior to date of s block does not meet the applicable statue Department of State's records. | (optional) filing or more than 90 days after filing.) Pursuant to | o 605,0207 (3)(b) e listed as the |
| | ord specifies a delay 90th day after the r | | ective time, at 12:01 a.m. on the e | arlier of: |
| Data d | 1/25/2024 | | | |
| Dated_ | | | | |
| Dated _ | /S/ Elkin Dario | | | |
| Dated _ | /S/ Elkin Dario | Signature of a member or authorized repr | esentative of a member | _ |

To:

Page 3 of 3

Filing Fee: \$25.00