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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (323)372-3532

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BLUE STAR ONLINE LLC

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COVER LETTER

	Registration Sec Division of Corp			
eun uce		R ONLINE LLC		
SUBJEC'	I:	Name of Limi	ted Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please reti	urn all correspoi	ndence concerning this matter t	o the following:	
		Mike Town		
		Legalzoom.com, Inc.	Name of Person	
			Firm/Company	
		9900 Spectrum Dr		
		Austin, TX 78717	Address	
		er.bluestarcompliance@gma		
		E-mail address: (16	o be used for future annual report notif	ication)
For furthe	r information co	ncerning this matter, please ca	II:	
Mike Tov			800 773-0888 at ()	Th. L. Novik
	Name of	Person	Area Code Daynme	: (Cicpnone Number
Enclosed i	is a check for the	tollowing amount:		
□ \$25.00) Filing Fee	S30.00 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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301 To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



BLUE STAR ONLINE LLC

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.) Structure (1975)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000435337</u>	y were filed on10/10/202-	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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 of registered agent and/or the new registered office address here	office address on our re	cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		. Florida
New Registered Agent's Signature, if changing Registered Agent	•	Zıp Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity performance of my duti provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is

From: Rajiv Srivastava

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
AMBR	Albert Sheeler	2332 Galiano Street 2nd Floor, Coral Gables, FL 32806	∃ Add
			☐ Remove
			Change
AMBR	Anthony Zuidi	2332 Galiano Street 2nd Floor, Coral Gables, FL 32806	Add
			□ Remove
			☐ Change
			TO THE T
			TALLAH Remove
			Change 12:58
			□ Remove
			Change
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change

	♣ Page, 06 of 26	2024-12-11 15 26.00 PST	13236068205	From: Rajiv Srivast
D. If a	emending any other informat	ion, enter change(s) here: (Attach ad	ditional sheets, if necessary.)	
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E. Effe	ective date, if other than the	late of filing:	(optional)	605 11207 (43(b)
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	record specifies a delayed he 90th day after the reco	effective date, but not an effective dis filed.	re time, at 12:01 a.m. on the ea	rlier of:
(5)	ne som day diter the rece	. a. ib ilitari		
Dat	ed			
1741		·,		
	/S/ Elkin Rios			
		Signature of a member or authorized represents	dive of a member	
	Elkin Rios			
		Typed or printed name of signe	ec .	-

Page 3 of 3