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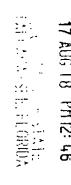
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COVER LETTER

то:	Registration Se Division of Cor			
enth	arzer.	Qisma Globa	al, LLC	
SUBJ	JECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
		1	Nancy Amaro	
			Name of Person	
		Qi	isma Global, LLC	
			Firm/Company	
		6-	48 E. 30 St	
		-	Address	
			Hialeah, FL 33013-3329	
		·	City/State and Zip Code	
			ncy.amaro4@gmail.com	
		E-mail address: (to be used for future annual report notifi	cation)
For fu	urther information c	oncerning this matter, please co	all:	
Nancy Amaro			786 278-1651	
	Name o	of Person		Telephone Number
Enclo	sed 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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Qisma Global, LLC		
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.) any)	
The Articles of Organization for this Limited Liability Company were filed o	n 12/14/2015	and assigned
Florida document numberL15000207747		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compar	ıy here:	
Stellar Signings, LLC		
The new name must be distinguishable and contain the words "Limited Liability Company."	the designation "LLC" or (the abbreviation "L.L.C."
The second of th		
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		, at a
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
		
D. If amounting the registered agent and/or registered affice address		
B. If amending the registered agent and/or registered office addres registered agent and/or the new registered office address here:	s on our records, <u>er</u>	iter the name of the ne
		7 >
		5
Name of New Registered Agent:		
New Registered Office Address:		in a
New Registered Office Address. Ente	r Florida street address	
		102 -
	, Florid:	a <u> </u>
City		;;- ¹ Zip Cŏde

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> Name <u>Address</u> **Type of Action** □ Add _□ Remove _□ Change _□ Add ☐ Remove _ Change □ Add □ Remove _ Change ____ 🗆 Add _□ Remove ____

Change ☐ Remove ☐ Change

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an effective	late, if other than e date is listed, the dat	te must be specific	and cannot be price	or to date of filing or n	optio nore than 90 days after t	filing.) Pursuant to 605.020
	e date inserted in the effective date on t				ig requirements, this	date will not be listed a
				ot an effective	time, at 12:01 a.	.m. on the earlier o
1116 900	h day after the	: record is the	zu.			
ated	August	12	201)		
			7			7 AUG
		Signature	of a member or our	horized representative	ot a member	
-			A G INCHIPCI OF BUL	nonzea representative	SOL THE HINCH	7 CD (*)
-			_	MARO ited name of signee		18 PH

Page 3 of 3

Filing Fee: \$25.00