L19000290928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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01/22/21--01006--021 **25.00

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APR 13 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2021

VASSILIOS GEORGAKOPOULOS
7050 W PALMETTO PARK RD
STE 15-117
BOCA RATON, FL 33433

SUBJECT: 40SNOTFEELINGS, LLC
Ref. Number: L19000290828

We have received your document for 40SNOTFEELINGS, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is N19000009224.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 221A00004570

We will not proceed for the name of Conflict under document number N19000009224. Instead, please process our new filing name included in this new Articles of Amendment provided. We have filled out and filed for STELLAR HORIZONS, LLC ~~to~~ included in this letter. Please process this name change.

Thank you.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 40SNOTFEELINGS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VASSILIOS GEORGAKOPOULOS
Name of Person

40SNOTFEELINGS, LLC
Firm/Company

7050 WEST PALMETTO PARK ROAD, SUITE 15-117
Address

BOCA RATON, FL
City/State and Zip Code

VGEORGAKOPOU2016@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VASSILIOS GEORGAKOPOULOS at (561) 216-9883
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the 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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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40SNOTFEELINGS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/25/2019 and assigned Florida document number L19000290828.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

STELLAR HORIZONS, LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

7050 WEST PALMETTO PARK ROAD
SUITE 15-117
BOCA RATON, FLORIDA 33433

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

7050 WEST PALMETTO PARK ROAD
SUITE 15-117
BOCA RATON, FLORIDA 33433

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida street address

_____, **Florida** _____
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 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

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Title	Name	Address	Type of Action
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated (3/18/2021) March 18, 2021.

Signature of a member or authorized representative of a member

Vassilios Stavros Georgakopoulos

Typed or printed name of signee

Filing Fee: $25.00