L20000357401

(Requestor's Name)	
(Address)	30035
(Address)	
(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
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. . . COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	STELLARCAMP L.L.C. Name of Limited Liability Company	
The end	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Kareen Thomas	
	Steller Camp L.L.C.	
	7750 Okerchobee boulevard # 4-903	
	West Palm Beach FL 3 City/State and Zip Code	
	Virtualmember 4@ outlook.com E-mail address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call:	
	Name of Person at (56) Area Code Daytime Telephone Number	
Enclose	ed is a check for the following amount:	
□ \$ 2	5.00 Filing Fee Solutional copy is enclosed) \$ \$60.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status (additional copy is enclosed) \$ \$60.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed)	tus &

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

(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on November L2000357401.	nber 12, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here: Steller (amp L.L.C.)	
The new name must be distinguishable and contain the words "Limited Liability Company," the design	nation "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:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
	3
B. If amending the registered agent and/or registered office address on our recoragent and/or the new registered office address here:	rds, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida s	street address

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 ompany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida ___

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			
			□Remove
			□Change
			□Add
			□Remove
			□Change
	-		□Λdd
			□Remove
			□Change
			□Add
			□Remove
			□ Change

	<u> </u>
an effecti lote: If	date, if other than the date of filing: (optional) ve 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 's effective date on the Department of State's records.
record s l is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	December 9 2020
	X
	Signature of a member or authorized representative of a member