## Florida Department of State Division of Corporatio

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STELLARCORP HOLDINGS LLC

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**YUG - 8 2022** T. LEMIEUX

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

StellarCorp Holdings LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.)  I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 05/13/2022	and assigned
Florida document number L22000224890		
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the a	ibbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	e address on our records, enter the na	ne of the new registered
agent and/or the new registered office address here:		1022 F
		AUG
Name of New Registered Agent:		
1000 111		STE P
New Registered Office Address:	Enter Florida street address	——————————————————————————————————————
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	, Florida	<u>≃≒ N</u>
	City	<i>ыр Соае</i>

## 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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Slaheddine Oudhini	7901 4TH ST. N STE 300	XlAdd
		ST. PETERSBURG, FL 33702	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Change
			□Add
			□Remove
		4	□Change
			□Add
			□Remove
			⊡Change

If amending any other information	n, enter cha	inge(s) here:	: (Attach addi	itional sheets	, if necessary.	,
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Effective date, if other than the determined (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep	k does not me	eet the applica	o date of filing o able statutory fi	r more than 90 ling requirem	(optional) days after filing.) emts, this date v	Pursuant to 605,0207 (will not be listed as the
the record specifies a delayed effective of ord is filed.	late, but not a	in effective tir	ne, at 12:01 a.i	n, on the earl	ier of: (b) The	90th day after the
Dated August 8	·	2022	_ ·			
S	gnature of a m	ember or autho	vized representa	ive of a membe	er	
Morgan Nobl	е		d name of signe			····

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