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T. HAMPTON

NOV 1 2 2008 EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations

# **SUBJECT: Stellar Foundation 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:

Matthew Roberts

(Name of Person)

**Stellar Foundation** 

(Firm/Company)

PO Box 37917

(Address)

Jacksonville, FL 32236

(City/State and Zip Code)

For further information concerning this matter, please call:

Matthew Roberts

(Name of Person)

at (\_904 \_) 294-6000

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

2 \$25.00 Filing Fee

Certificate of Status

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 Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stellar Foundation 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 02-21-2007	and assigned
Florida document number L07000020156	

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:	7
(Principal office address MUST BE A STREET ADDRESS)	
	SSET O
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	

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

Name of New Registered Agent:		
New Registered Office Address:	(Enter Flo	rida 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

•

<u>Title</u>	Name	Address	<u>Fype of Action</u>
MGR	Robert L Sawyer		7 Add 7 Remove
			Add Remove
<u></u>			Add Remove
<u></u>			Add Remove
			] Add Remove
			Add Remove

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

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Dated September 30th	, <u>2008</u>			
Ma	H M			
Signature	e of a member or authorized repre	esentative of a member		
	Typed or printed name of	signee		

Page 2 of 2

Filing Fee: \$25.00