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	(Requestor's Name)
	(Address)	
	(Address)	<u> </u>
	(City/State/Zip/Pho	ne #)
PICK-U	P 🔲 WAIT	· MAIL
<u>-</u>	(Business Entity Na	ame)
	(Document Number	r)
Certified Copies	Certificate	es of Status
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O SIMMONS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE : 081878 7666911
AUTHORIZATION : Spelle de la company
COST LIMIT : \$ 25.00
ORDER DATE : February 22, 2018
ORDER TIME : 3:17 PM
ORDER NO. : 081878-005
CUSTOMER NO: 7666911
DOMESTIC AMENDMENT FILING NAME: STELLAR REFRIGERATION SERVICES, LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Roxanne Turner EXT# 62969

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ELLAR REFRIGERATION SERVI	•
(Name of the Lin	nited Liability Company as it now ap (A Florida Limited Liability Compan	pears on our records.) y)
The Articles of Organization for this Limited	Liability Company were filed on	06/09/2010 and assigned
Florida document number L10000062124		
his amendment is submitted to amend the fo	flowing:	
a. If amending name, enter the new name	of the limited liability company	here:
STELLAR TREK, LLC		
he new name must be distinguishable and contain the	words "Limited Liability Company," th	te designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
	*	
		10000000000000000000000000000000000000
nton none mollime address if annihilation		\$55.7 ZZ
nter new mailing address, if applicable:		THE D
Mailing address MAY BE A POST OFFICE	<u> </u>	55 89
		77.4 00 5
		•
. If amending the registered agent and egistered agent and/or the new registered of	d/or registered office address	on our records, enter the name of the
gistered agent animor the new registered of	ornice address here.	
Name of New Registered Agent:	Corporation Service Company	
New Registered Office Address:	1201 Hays Street	
	Enter F	lorida street address
	Tallahassee	, Florida 32301
	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.

Roxanne Turner
Asst. Vice President

If Changing Hegistered 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
Title	Name

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			The Remove
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			CORDO ROSOVE
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Pective date, if other than the neffective date is listed, the date muster. If the date inserted in this blowment's effective date on the D	st be specific and canno ock does not meet th	ot be prior to d he applicable	ate of filing or mor	opti than 90 days after equirements, thi	filing.) Pursuant	to 605.0207 e listed as
record specifies a delayed The 90th day after the rec		but not a	n effective tir	ne, at 12:01 i	a.m. on the ϵ	earlier of
ted February 16	$\frac{20}{100}$	18	2.			
	Signature of a member	hubo	d representative o			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00