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SEURLIARY OF STATE

B. BOSTICK

APR - 5 2012

EXAMINED

COVER LETTER

TO: Registration Sect Division of Corpe	
SUBJECT:	Slellar Home Vertures LLC Name of Limited Liability Company
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspone	dence concerning this matter to the following:
	Name of Person Stellar Home Ventures LLC Firm/Company Address Fort La declate F1. 33309 City/State and Zip Code Language Stellar homes group. Com E-mail address: (to be used for future annual report notification)
For further information con	neerning this matter, please call:
Name of I	
. / .	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stellar	Home	Ventuce	es LLC	•	
(Name of the Limited Lie (A Fl	ability Company orida Limited Lia	as it now appea bility Company)	rs on our records	<u>.</u>)	
The Articles of Organization for this Limited Liab		vere filed on	larch 27,	2012 and assi	gned .
This amendment is submitted to amend the following	ing:		1		
A. If amending name, enter the new name of th	e limited liabili	ity company hei	<u>re</u> :	÷.	1
The new name must be distinguishable and end with the "L.L.C."	he words "Limite	d Liability Compa	any," the designati	on "LLC" or the ab	breviation
Enter new principal offices address, if applicabl	le:			12 SEI	· · ·
(Principal office address MUST BE A STREET A	ADDRESS)			AP R	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			AN ID: 40	1:000mm
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, <u>en</u>	ter the name of	the new
Name of New Registered Agent:			·		
New Registered Office Address:					
	Enter Florida street address				
-		Cit	, Florid	aZip Code	
N. B. Carrier and Company of Lancius Bar	City			г ір Соае	

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

MGR = Manager

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGRM = Managing Member **Type of Action** Title Name 1 **Address** Remove ☐ Add ☐ Remove Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00