

L14000116638

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/5/16 as

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stella Enterprises, 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:

Pierre Hachar, Jr., Esq.

Name of Person

The Hachar Law Firm, P.A.

Firm/Company

8100 Oak Lane, Suite 401

Address

Miami Lakes, FL 33016

City/State and Zip Code

phachar@mialaws.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Pierre Hachar, Jr., Esq.

305

200-1308

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
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**

Stella Enterprises, 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 7/24/2014 and assigned
Florida document number L14000116638.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

12045 NW 7 AVE.

(Principal office address MUST BE A STREET ADDRESS)

NORTH MIAMI, FL 33168

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, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

OSCAR FERNANDEZ

New Registered Office Address:

12045 NW 7 AVE.

Enter Florida street address

NORTH MIAMI

City

Florida 33168

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.


If Changing Registered 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	OSCAR FERNANDEZ	12045 NW 7 AVE.	<input checked="" type="checkbox"/> Add
		NORTH MIAMI, FL 33168	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	EDUARDO HADDAD	8100 OAK LANE, SUITE 401	<input type="checkbox"/> Add
		MIAMI LAKES, FL 33016	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	JOYCE HADDAD	8100 OAK LANE, SUITE 401	<input type="checkbox"/> Add
		MIAMI LAKES, FL 33016	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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☐ Change
☐ Add
☐ Remove
☐ Change

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

100% OF MEMBERSHIP INTEREST HAS BEEN ASSIGNED AND TRANSFERED TO OSCAR FERNANDEZ

AS OF THE DATE OF FILING THIS AMENDMENT

FILED
16 MAY -6 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

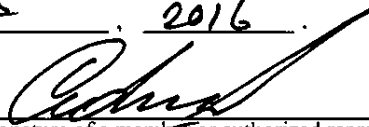
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated April 29th, 2016



Signature of a member or authorized representative of a member

EDUARDO HADDAD

Typed or printed name of signee