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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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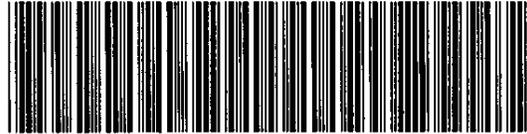
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Spivets JAN 16 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Stellar Escapes, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John J. Teugh  
Name of Person

Stellar Escapes, LLC  
Firm/Company

16350 Bruce B. Downs Blvd. #49021  
Address

New Tampa, Florida 33646  
City/State and Zip Code

john@stellarescapes.co  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John J. Teugh at (813) 600-8696  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: Stellar Escapes, LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000197000

**THIRD:** Document to be corrected is:  
Articles of Organization

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The title of John J. Teugh should not be MGR (Manager), should be MBR  
(Member).

**OR**

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

The electronic transmission of the record was defective.

John J. Teugh  
Signature of Authorized Representative

12/31/2014

Date

FILED  
15 JAN - 6 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**  
**Certified Copy: \$30.00 (optional)**