L 150000 61604

(Re	questor's Name)
(Ad	dress)	
(Ad	dress)	
	(Obstación (Diseas	40
. (Cn	y/State/Zip/Phor	1e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	ime)
(Do	cument Number)
Cartified Carios	Cortificate	os of Status
Certified Copies	_ Certificate	es or Status
Special Instructions to	Eiling Officer	<u>"</u>
Special instructions to	rilling Officer.	

Office Use Only



000277886450

10/14/15--01016--002 **25.00

2015 OCT 27 Fit 2: 52

OCT 28 2015 J. HARRIS

COVER LETTER

TO:

Registration Section Division of Corporations

STELLAMAR INVESTMENTS LLC

SUBJECT

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:

	Name of Person
	Firm/Company
21301	POWERLINE RD SUITE 207
	Address
BOCA	A RATON, FL 33433
	City/State and Zip Code
cardoso	@westchesterintl.com

For further information concerning this matter, please call:

Octavio (Card	loso
-----------	------	------

Name of Person

Area Code

Daytime Felephone 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)

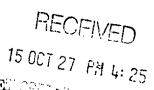
MAILING ADDRESS:

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







FLORIDA DEPARTMENT OF STATES Compositions of Corporations

October 15, 2015

OCTAVIO CARDOSO 21301 POWERLINE RD SUITE 207 BOCA RATON, FL 33433

SUBJECT: STELLAMAR INVESTMENTS LLC

Ref. Number: L15000061604

We have received your document for STELLAMAR INVESTMENTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 015A00021845

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STELLAMAR INVESTMENTS I		
t <u>Name of the Limited Liability Company as it now appear</u> (A Florida Limned Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company were filed on Articles of Organization for this Limited Liability Company were filed on Articles of Organization for this Limited Liability Company were filed on Articles of Organization for this Limited Liability Company were filed on Articles of Organization for this Limited Liability Company were filed on Articles of Organization for this Limited Liability Company were filed on Articles of Organization for this Limited Liability Company were filed on Articles of Organization for this Limited Liability Company were filed on Articles of Organization for this Limited Liability Company were filed on Articles of Organization for this Limited Liability Company were filed on Articles of Organization for this Limited Liability Company were filed on Articles of Organization for this Limited Liability Company were filed on Articles of Organization for this Limited Liability Company were filed on Articles of Organization for this Limited Liability Company were filed on Articles of Organization for the Organization for the Articles of Organization for the O	oril 8, 2015 and assign	ed
Florida document number L15000061604		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :	
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:		
(Principal office address MUST BE A STREET ADDRESS)	AV S	
	S 8	1
	32 N	éazea. Apri≪.e.
Enter new mailing address, if applicable:		i
The state of the s	7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
(Mailing address MAY BE A POST OFFICE BOX)		
	TI N	and a sea to the specific
1) 10 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1		_
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, enter the name of	the new
Name of New Registered Agent:		
New Registered Office Address:		
Enter Flor	ida 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 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

Page 1 of 3



If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>l'itle</u>	<u>Name</u>	Address	Type of Action
MGR	Raphael Alves Quintino	Praia da Camboa. Rua Joao Alves Filho, (06 ■ Add
		Governador Celso Ramos, Santa Catarir	na □ Remove
		Brasil Cep 88190-000	uanneen
ер., г. украче сте свя	unkninnen (m. 1814) kaa asalahi (s. 1112 - 1.3 km n. n. 1814), sa samus samunin sahi shirir -rapiny		□ Add
			□ Remove
			
			Add
			C Remove
			ZO Add O
			Remove F
			% 2: 52
			_3□ Add Remove
			□ Add
			Remove



D. If amending any other information, enter change(s) here: (Attach additional	sheets, if necessary.)
N/A	
	
E. Effective date, if other than the date of filing:	(optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be mo the date this document is filed by the Florida Department of State)	
Dated October 7 2015	
Kaki Baur	\ '
Signature of a member of authorized representative of a	nember
KOPI BAIN	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

2015 OCT 27 PM 2: 52 SELVE (ASSET FOR STATE

f i

