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2015 JUN 19 PHI2: 23

K.SALY EXAMINER JUN 22 2015

## **COVER LETTER**

CUD IEC				
SUBJEC	.I:		ited Liability Company	<u>.</u>
The encle	osed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all corresp	oondence concerning this matter	to the following:	
		Roberto Neuberger		
	Stellas Corset LLC  F: Name of Limited Liability Company  sed Articles of Amendment and fee(s) are submitted for filing.  sed Articles of Amendment and fee(s) are submitted for filing.  arm all correspondence concerning this matter to the following:  Roberto Neuberger  Name of Person  Active Filings LLC  Firm/Company  381 E Sheridan St. Suite 112  Address  Dania Beach, FL 33004  City/State and Zip Code operations@activefilings.com  E-mail address: (to be used for future annual report notification)  or information concerning this matter, please call:  Neuberger  Name of Person  Area Code  Daytime Telephone Number  is a check for the following amount:  0 Filing Fee  \$\Begin{array}{c} \text{S55.00 Filing Fee & } \Begin{array}{c} \text{S60.00 Filing Fee}, S60.			
		Stellas Corset LLC  Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  Roberto Neuberger  Name of Person  Active Filings LLC  Firm/Company  381 E Sheridan St. Suite 112  Address  Dania Beach, FL 33004  City/State and Zip Code operations@activefilings.com  E-mail address: (to be used for future annual report notification)  formation concerning this matter, please call: berger  Name of Person  Area Code  Daytime Telephone Number  check for the following amount:  illing Fee  Certificate of Status  Certificate of Status & Certified Copy (additional copy is enclosed)		
			Firm/Company	
		381 E Sheridan St. Suite 1	nd fee(s) are submitted for filing.  ming this matter to the following:  leuberger  Name of Person  lings LLC  Firm/Company  ridan St. Suite 112  Address  ach, FL 33004  City/State and Zip Code  @activefilings.com  E-mail address: (to be used for future annual report notification)  matter, please call:  at (	
		Dania Beach, FL 33004		
		Active Filings LLC  Firm/Company  381 E Sheridan St. Suite 112  Address  Dania Beach, FL 33004  City/State and Zip Code operations@activefilings.com		
				ication)
For furth	er information	concerning this matter, please ca	all:	
Roberto	Neuberger			
	Name	of Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for	the following amount:		
\$25.0	00 Filing Fee		Certified Copy	Certificate of Status &

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

, et M. g.	11_	EU
2015 JUN	19	P# 12.

Stellas Corset LLC	Iny as it now appears on our records.)  ALCIAL JAPA OF STATE Clability Company)
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.)
(A Florida Limited I	Ciability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000090587</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	50 Biscayne Blvd apt 703
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33132
Enter new mailing address, if applicable:	50 Biscayne Blvd apt 703
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33132
registered agent and/or the new registered office address here  Name of New Registered Agent:	ffice address on our records, <u>enter the name of the ne</u>
New Registered Office Address:	Enter Florida street address
<del></del>	, 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

· 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>	Type of Action
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		Miami, FL 33132	■ Remove
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Effective date, if other than t	he date of filing:		(optional)	
fan effective date is listed, the date in Note: If the date inserted in this	block does not meet the appl	icable statutory filing requ		
document's effective date on the	: Department of State's record	ls.		
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Typed or printed name of signee

Filing Fee: \$25.00