115000095445

| (Requestor's Name) | _ |
|---|---|
| (Address) | _ |
| (Address) | _ |
| (City/State/Zip/Phone #) | _ |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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| Office Hee Only | |



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COVER LETTER

| TO: | Registration Se Division of Cor | | | | | |
|---|------------------------------------|--|---|---|--|--|
| CHIDI | S. Rose LL | | | | | |
| SUBJ | Name of Limited Liability Company | | | | | |
| The e | nclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please | e return all correspo | ndence concerning this matter | to the following: | | | |
| | | Sarah Rippner | | | | |
| | | | Name of Person | Daytime Telephone Number 2.62-6032 Daytime Telephone Number 2. & □ \$60.00 Filing Fee, Certificate of Status & | | |
| The encl. Please re For furth Sarah Ri Enclosed | | S. Rose LLC | | | | |
| | | | Firm/Company | | | |
| | | 76 Ponte Vedra Colony Ci | rcle | | | |
| | | Address | | | | |
| | | Ponte Vedra, FL 32082 | | | | |
| | City/State and Zip Code | | | | | |
| | | coraireef0704@yahoo.com | | | | |
| | | E-mail address: (| to be used for future annual report notif | ication) | | |
| For fu | rther information co | oncerning this matter, please co | all: | | | |
| Sarah | Rippner | | 561 262-6032 at () | | | |
| | Name o | f Person | at () Area Code Daytime | Telephone Number | | |
| Enclos | sed is a check for th | e following amount: | | | | |
| □ \$2 | 25.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy | | |

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

| S. Rose LLC | | | | |
|---|---|---------------------------------------|--|--|
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | any as it now appears on our records. Liability Company) | ,) | | |
| The Articles of Organization for this Limited Liability Company Florida document number L15000095445 | and assigned | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | | | |
| Stella Rose LLC | | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | ility Company," the designation "LLC" | or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 3450 S Ocean Blvd #227 | 20 | | |
| (Principal office address MUST BE A STREET ADDRESS) | Palm Beach, FL 33480 | | | |
| | | | | |
| | | (C) | | |
| Enter new mailing address, if applicable: | 3450 S Ocean Blvd #227 | ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Palm Beach, FL 33480 | 2: " | | |
| | | וא מי | | |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address: | | | | |
| | | | | |
| | , F101 | rida | | |
| New Registered Agent's Signature, if changing Registered Agent: | | | | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p | performance of my duties, and | l I am familiar with and | | |

If Changing Registered Agent, Signature of New Registered Agent

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 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>Address</u> **Type of Action** Name _ 🗆 Add ☐ Remove □ Change □ Add ☐ Remove _ Change □ Add ☐ Remove ☐ Change □ Add □ **R**≹move Change Links Add i _□ Remove ☐ Change □ Add ☐ Remove □ Change

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| fective date, if other than th | ne date of filing: | (optio | nnal) | |
| in effective date is listed, the date mi | oust be specific and cannot be prior to date of block does not meet the applicable sta | of filing or more than 90 days after | filing.) Pursuant to | o 605.0207 : listed as |
| | | | | |
| record specifies a delaye The 90th day after the re | ed effective date, but not an e ecord is filed. | effective time, at 12:01 a | i.m. on the e | arlier of |
| October 1 | 2017 | | <u> </u> | 981 |
| | | | | 9817 DC |
| | | | 5- Br | erer |
| | | | | |
| | Signature of a member or authorized re | epresentative of a member | · · · | · · · · · · · · · · · · · · · · · · · |
| Sarah Rippner | Signature of a member or authorized re | epresentative of a member | · · · | |

Page 3 of 3

Filing Fee: \$25.00