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FILED

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Solution of Con							
Stellar Var							
SUBJECT: Name of Limited Liability Company							
The enclosed Articles of	`Amendment and fee(s) are sub	emitted for filing.					
Please return all correspondence	ondence concerning this matter	to the following:					
	Douglas G Jaynes						
		Name of Person					
	Stellar Vapor LLC						
		Firm/Company					
	4727 Steel Dust Lane						
		Address					
	Lutz, FL 33559						
		City/State and Zip Code	***				
	douggjaynes@gmail.com						
For further information of	e-man address: (to be used for future annual report noti all:	nication)				
Dougla G Jaynes		813 981-9848					
Name o	of Person	Area Code Daytim	ne Telephone Number				
Enclosed is a check for t	he 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)				
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ction				
Division of C	Corporations	Division of Cor	rporations				
P.O. Box 632	27	The Centre of T	l'allahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stellar Vapor LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our recor liability Company)	<u>'ds.</u>)
he Articles of Organization for this Limited Liability Company	were filed on October 13, 201	5 and assigned
Florida document number L15000173415		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company." the designation "LL	
Enter new principal offices address, if applicable:		2024 DEI
Principal office address MUST BE A STREET ADDRESS)	4727 Steel Dust Lane	🔽
	Lutz, FL 33559	16
Internationalling address: if applicables		AHIO:
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4727 Steel Dust Lane	- 56 - 56
The state of the s	Lutz, FL 33559	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>ente</u>	r the name of the new regis
New Registered Office Address:	Enter Florida street addre	PAN
	F	lorida
	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>	Name	Address	Type of Action
AMBR	Jaynes, Jodie	4727 Steel Dust Lane	□Add
		Lutz, Fl. 33559	≣Remove
			□ Add
			□Change
			□Add
			□Remove
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· 4 =	ve date, if other than the date of filing: (optional)
i eff	ective 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 605.02
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and the contract of State's records.
core	I 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
13 111	
ted .	December 3 2024

Typed or printed name of signee