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# COVER LETTER

Div	vision of Corp	orations		
SUBJECT:	Stellar Perfo	rmance Racing Upgrades LLC		
SUBJECT.		Name of Limi	ited Liability Company	
The enclosed	d Articles of A	amendment and fee(s) are subr	mitted for filing.	
Please return	all correspor	dence concerning this matter t	to the following:	
		Robert A Fournier Sr		
		•	Name of Person	···
		Stellar Performance Upgrad	des LLC	
			Firm/Company	
		845 N Mills Ave		
			Address	<del> </del>
		Orlando, Florida 32803		
			City/State and Zip Code	<del></del>
		eefournier@aol.com		
		E-mail address: (t	o be used for future annual report notifica	tion)
For further in	nformation co	ncerning this matter, please ca	ıll:	
Elaine Four	nier		407 898-8002 at ( )	
	Name of	Person		elephone Number
Enclosed is a	a check for the	e following amount:		
■ \$25.00 F	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:

TO:

Registration Section

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

#### STELLAR PERFORMANCE RACING UPGARDES L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{03/09/2016}{1}$ and assigned Florida document number  $\frac{L16000049507}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Stellar Performance Upgrades LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter-the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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>	Address	Type of Action
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effective date is listed, the date mu	lock does not meet the applicable statutory fi	(optional) or more than 90 days after filing.) Pursuant to 605.02 iling requirements, this date will not be listed
record specifies a delaye The 90th day after the rec		e time, at 12:01 a.m. on the earlier
ed March 01,	2016	
	Fournies Ss	

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Typed or printed name of signee

Filing Fee: \$25.00