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COVER LETTER

Division o	of Corporations							
STEI SUBJECT:	LLAR INVESTMENTS, LLC							
Name of Limited Liability Company								
The enclosed Artic	eles of Amendment and fee(s) are submitted for filing.							
Please return all co	orrespondence concerning this matter to the following:							
	Adam Rogers							
	Name of Person							
	DLA Piper LLP							
	Firm/Company							
	2500 S. Biscayne Blvd. Suite 2500							
	Address							
	Miami, FL 33131							
	City/State and Zip Code							
	adam.rogers@dlapiper.com E-mail address: (to be used for future annual report notification)							
For further informa	ation concerning this matter, please call:							
Adam Rogers	305 4238527 at ()							
1	Name of Person Area Code Daytime Telephone Number							
Enclosed is a check	k for the following amount:							
■ \$25.00 Filing I	Fee \$\Bigcup \\$30.00 \text{ Filing Fee & Certificate of Status}\$ Certified Copy (additional copy is enclosed) \$60.00 \text{ Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}} Certified Copy (additional copy is enclosed)							

TO:

Registration Section

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

STELLAR INVESTMENTS, LLC (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 March 24, 2016 and assigned Florida document number ______16000059579 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Stellar Investments CP Invest I, 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:

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,

Enter Florida street address

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 = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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ne 90th day after the reco $rac{March 30}{Q}$	ord is filed.		a member	, in the control of t	e earne

Page 3 of 3

Filing Fee: \$25.00