## L2000008314C

(Requestor's Name)
(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status
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## **COVER LETTER**

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SUBJECT:	STELLA	R CONSTRUCTION GROUP	LLC				
SUBJECT:	·	Name of Lir	mited Liability Company	) Filing Fee, Teate of Status &			
The enclose	d Articles of	Amendment and fee(s) are sul	bmitted for filing.				
Please return	n all correspo	ondence concerning this matter	r to the following:				
		NICHOLAS STACKHO	USE				
			Name of Person				
		STELLAR CONSTRUCT	TION GROUP LLC				
			Firm/Company				
		11511 VILLA GRAND	UNIT 522				
			Address				
		FORT MYERS, FL 33913	3				
			City/State and Zip Code				
		GRBOOKKEEPING15@0					
		E-mail address: (	(to be used for future annual report notification)				
For further in	nformation c	oncerning this matter, please c	rall:				
NICHOLAS STACKHOUSE		DUSE	239 682-2043				
	Name o	f Person	Area Code Daytime Telephone Number				
Enclosed is a	check for th	ne following amount:					
□ \$25.00 F	filing Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified Co	of Status &			
	ling Address		Street Address:				
		orporations	Registration Section Division of Corporations				
P.O	Box 632	7	The Centre of Tallahassee				
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STELLAR CONSTRUCTION GROUP 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 03/16/2020 and assigned Florida document number L20000083140 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviated '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 registerec agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_ City

## 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	RAFAEL ROBLES	5243 SW 3RD AVE	
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record specifies a delayed effective l is filed.	date, but not an ef	fective time, at	12:01 a.m. on the	earlier of: (b)	The 90th day after t	he
ated MAY 07	202	!4				
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Filing Fee: \$25.00