L200000 83530

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COVER LETTER

TO:

Registration Section

Division of Corp	oorations		
SUBJECT: Ste	la Roark LL	C	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Stella	Name of Person	
		Name of Person	
	Stell	a Roark LLC	
		Firm/Company	
	4236 SW 1	oarh Ter	
		Address	
	Gainesville	FL 32608	
		City/State and Zip Code	
	Stellaroari	FL 32608 City/State and Zip Code C@9MQil. Com to be used for future annual report not	ification
For Early of the continuous			incation)
For further information co	ncerning this matter, please c	an:	
Stella Roark	<u>-</u>	at (410) 913. Area Code Daytin	8289
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	e 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)
Mailing Address Registration S		<u>Street Address:</u> Registration So	ection
Division of Co	orporations	Division of Co	rporations
P.O. Box 632° Tallahassee, F		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stella Roark LLC	C
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000083530</u> .	ny were filed on Maych 17, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
	22
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable:	ability Company," the designation "LLC" or the abbreviation "\LC" \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
(Principal office address MUST BE A STREET ADDRESS)	교 <u>(</u>
	8. * <u>·</u> 2
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature if changing Registered Agent	

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>	<u>Name</u>	Address	Type of Action
AMBR	Stella Roark	4236 SW 107m Ter	@Add
		Gamesville FL 32608	Remove
			□Change
			□ Add
			□Remove
			□ Change
			□ Add
			□Remove
			Change
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			Change
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			□Change

Page 2 of 3

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effective	date is l		date mi	ast be s	pecific a	and c	annot be							filing.) P	ursuant to	
		iserted ir /e date o							ble statu	tory fil	ling re	quireme	nts, this	date w	ill not be	listed
		îes a d after ti					ite, bu	ıt not	an eff	ective	e tim	e, at 12	2:01 a	.m. or	n the ea	rlier
ed	tpril	10				 `	202	20	_ ·							
-				Sign	ature of	a me	<u>lla</u>	r author	aurli ized repr	resentati	ive of a	nember				-