L2000163156

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COVER LETTER

Registration Section

TO:

Div	ision of Cor	porations		***	
oun incom	Estelar, LL	С			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Maridalia Berrios-Morales	ì		
			Name of Person		
		Tax American-O, LLC			
			Firm/Company		
		10766 S US Hwy #1			
			Address		
		Port St. Lucie, FL 34952			
			City/State and Zip Code		
		maridalia@taxamericano.co E-mail address: (om to be used for future annual r	eport notification)	
For further is	nformation co	oncerning this matter, please c	all:		•• •
maridalia@t	axamericano	o.com	954 655 at ()	i-9600	(
· - · · · · · · · · · · · · · · · · · ·	Name of	f Person	Area Code	Daytime Telephone N	fumber - C
					100
		ne following amount:			
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	osed) Ce	.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
	iling Addres		Street Ad		
	gistration S vision of C	Section orporations	-	tion Section of Corporations	
P.C	D. Box 632	7	The Cer	itre of Tallahassee	
Tal	llahassee, I	-L 32314	2415 N.	Monroe Street, St	11te 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Estelar, LLC		
(Name of the Limited Liability Con (A Florida Limit	прапу as it now appears од our recor ed Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L20000163156</u>	any were filed on June 12th, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited h	iability company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	**************************************
(Principal office address MUST BE A STREET ADDRESS)		´-::
		3
	***	-:
Enter new mailing address, if applicable:	N/A	.÷ උ
(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: Name of New Registered Agent: N/A	ce address on our records, <u>ente</u>	r the name of the new registere
New Project of Office Address		
New Registered Office Address:	Enter Florida street addre	zss
	F	lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent of	ete performance of my duties, a	and I am familiar with and

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 Lopez Arias	1000 Brickell Plaza, PH 5608	
		Miami, FL 33131	□ Remove
			□Change
			□Add
			□ Remove
			□Change
		-	□ Add
			□Remove
			ن د د د د د د د د د د د د د د د د د د د
			,
		· - · · · · · · · · · · · · · · · · · · ·	□ Remove
			
			□Add
			Remove
			Change
			□Add
			Change

-	
 	
	
	I 15:1-2022
fective dat	te, if other than the date of filing: June 15th, 2023 (optional)
	late 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 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
n effective d ote: If the o	ffective date on the Department of State's records.
ote: If the c	
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