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## **COVER LETTER**

TO:	Registration Se Division of Cor			
	Stella's Tax	i and Luxury Transportation Ll	rc .	
SUBJE	ECT:	Name of Lin	nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Scott Donald		
			Name of Person	
		Stella's Luxury Transporta	tion LLC	
			Firm/Company	<del>-</del>
		738 Olivia St		
		<del></del>	Address	<del></del>
		Key West, FL 33040		
		stellastransportation@gmail	City/State and Zip Code	
		E-mail address: (	to be used for future annual report i	notification)
For furt	ther information of	concerning this matter, please c	all:	
Scott D	Oonald		305 522-4147	
<del></del>	Name o	of Person	at () Area Code Day	time Telephone Number
Enclose	ed is a check for t	he following amount:		
■ \$2:	5.00 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 Division of C	Section	Street Address: Registration Division of O	Section
	P.O. Box 632	•	The Centre o	•
	Tallahassee,	FL 32314	2415 N. Mor	roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ion LLC
(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Life lorida document number L21000121623	ability Company were filed on and assigne
This amendment is submitted to amend the following	
A. If amending name, enter the new name o	the limited liability company here:
Stella's Luxury Transportation LLC	
he new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applic	able:
Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE	BOX)
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>
	egistered office address on our records, enter the name of the new re
B. If amending the registered agent and/or r	egistered office address on our records, enter the name of the new re
B. If amending the registered agent and/or r	egistered office address on our records, enter the name of the new re
B. If amending the registered agent and/or ragent and/or the new registered office address  Name of New Registered Agent:	egistered office address on our records, <u>enter the name of the new re</u> ss here:
B. If amending the registered agent and/or ragent and/or the new registered office addre	egistered office address on our records, <u>enter the name of the new re</u> ss here:
B. If amending the registered agent and/or ragent and/or the new registered office address  Name of New Registered Agent:	egistered office address on our records, <u>enter the name of the new re</u> ss here:
B. If amending the registered agent and/or ragent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:	egistered office address on our records, <u>enter the name of the new re</u> ss here:
B. If amending the registered agent and/or ragent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:	egistered office address on our records, <u>enter the name of the new re</u> ss here:
B. If amending the registered agent and/or ragent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registered.	Enter Florida street address  Finer Florida street address  City Zip Code  Registered Agent:  d agent and agree to act in this capacity. I further agree to comply year and complete performance of my duties, and I am familiar with a stered agent as provided for in Chapter 605, F.S. Or, if this document registered office address, I hereby confirm that the limited liability

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>	<u>Address</u>	Type of Action
			□ Add
			□Remove
			Change
			□Remove
			□ Change
		□ Add	
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			☐ Change
			□ Add
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Note:	ve date, if other than the date of filing:
recon	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
u 13 11.	November 16 2021
:	
:	
	Signature of a member or authorized representative of a member  Scott D Donald