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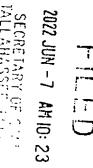
| (Re                     | questor's Name)   |             |
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| PICK-UP                 | WAIT              | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
|                         |                   |             |
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| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
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Office Use Only



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## **COVER LETTER**

| Stellar<br>SUBJECT:               | Glass LLC                                    |   |   |  |  |  |
|-----------------------------------|--|---|---|--|--|--|
| SUBJECT:                          | Name of Lim                                  | ited Liability Company  | <del></del>   |  |  |  |
| The enclosed Articles             | of Amendment and fee(s) are sub              | omitted for filing.   |   |  |  |  |
| Please return all corre           | spondence concerning this matter             | to the following:   |   |  |  |  |
|                                   | Wesley Stel                                  |   |   |  |  |  |
|                                   |  | Name of Person  |   |  |  |  |
|                                   | Stellar Glass LLC                            |   |   |  |  |  |
|                                   |  | Firm/Company  |   |  |  |  |
|                                   | 7435 Catherine Drive                         |   |   |  |  |  |
|                                   |  | Address   |   |  |  |  |
|                                   | Lakeland, FL 33810                           |   |   |  |  |  |
|                                   |  | City/State and Zip Code   |   |  |  |  |
|                                   | wes@stellarglassIlc.com<br>E-mail address: ( | to be used for future annual report notifies                        | ation)  |  |  |  |
| For further information           | n concerning this matter, please c           | ·   |   |  |  |  |
| Wesley Stel                       |  | 863 255-5731  |   |  |  |  |
| Name of Person                    |  |   | elephone Number   |  |  |  |
| Enclosed is a check fo            | or the following amount:                     |   |   |  |  |  |
| □ \$25.00 Filing Fee              | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed |  |  |  |
| <u>Mailing Add</u><br>Registratio |  | Street Address:<br>Registration Secti                               | on  |  |  |  |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Registration Section

**Division of Corporations** 

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ĺ         | FILED           | Q) |
|-----------|-----------------|----|
| 2022      | JUN -7 .        |    |
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Stellar Glass LLC

(Name of the Limited Liability Company as it now appears on our &

| (A Florida Limited I   | Jability Company)                      | SEE TO SEE                |
|--|--|---------------------------|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L21000154162</u> .                                      | were filed on April 02, 2021           | and assigned              |
| This amendment is submitted to amend the following:  |  |                           |
| A. If amending name, enter the new name of the limited liab  | ility company here:                    |                           |
| The new name must be distinguishable and contain the words "Limited Liabil   | ity Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  | 2836 Mine and Mill Road unit 2         |                           |
| (Principal office address MUST BE A STREET ADDRESS)  | Lakeland, Florida 33801                |                           |
| Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>  | P.O. Box 277  Kathleen, FL 33849-0277  |                           |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent: | address on our records, enter the      | name of the new registo   |
| New Registered Office Address:   |  |                           |
| New Registered Office Address.   | Enter Florida street address           | ·                         |
|  |  |                           |
|  | Florid                                 | a                         |

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 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         | Anthony Budhan | 9937 Bosque Creek Circle 102 |                |
|              |                | Tampa, FL 33619              | □Remove        |
|              |                |                              | □Change        |
|              |                |                              |                |
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| ective date, if other than the   | date of filing:     | :                  |                     | (                 | optional)            |                  |
| n effective date is listed, the date mus<br>te: If the date inserted in this blo | t be specific and c | cannot be prior to | date of filing or n | nore than 90 days | s after filing.) Pur |                  |
| cument's effective date on the De  | epartment of Sta    | ite's records.     | ne statuten y min   | s requirement     | o. mo date with      | not be noted to  |
|  |                     |                    |                     |                   |                      |                  |
| ecord specifies a delayed effective is filed.                                    | date, but not a     | n effective tim    | e, at 12:01 a.m.    | on the earlier    | of: (b) The 90       | th day after the |
| s med.   |                     |                    |                     |                   |                      |                  |
|  |                     | 2022               |                     |                   |                      |                  |
| May 27th   |                     |                    | - · <u>-</u>        |                   |                      |                  |
| ted May 27th   |                     | 10 All as On       | <del>-</del> A      |                   |                      |                  |
|  |                     | Deleas &           | <b>D</b>            |                   |                      |                  |
|  | Signature of a me   | ember or authori   | zed representative  | of a member       |                      |                  |