L21000154162

(Red	juestor's Name)	
(Add	lress)	
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

ГΟ:

Stellar Gl	ass LLC		
, obsecti	Name of Lin	nited Liability Company	
'he enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	Wesley Stel		
		Name of Person	
	Stellar Glass L1.C		
		Firm/Company	
	2836 Mine and Mill Road	d unit 2	
		Address	
	Lakeland, FL 33801		22 22
	wes@stellarglasslic.com	City/State and Zip Code	SEP Sick
	-	(to be used for future annual report notification)	45 15
or further information of	concerning this matter, please c	call:	PH 2
Wesley Stel		863 255-5731 at ()	2: 18
Name (of Person	Area Code Daytime Telephone Number	_
inclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & 1 \$60.00 Filing F Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	Status &
Mailing Address Registration	Section	Street Address: Registration Section	
Division of C P.O. Box 632	•	Division of Corporations The Centre of Tallahassee	
1.0.0000002	• 1	THE CERTIE OF Farianassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stellar Glass LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our reco liability Company)	rds.)
he Articles of Organization for this Limited Liability Company	were filed on April 02, 2021	and assigned
lorida document number L21000154162		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LI	.C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		1Vib 22 S
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
The state of the s		<u> </u>
		<u> </u>
nter new mailing address, if applicable:		.:
.,		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	-	
If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>ente</u>	r the name of the new regi
New Registered Office Address:		
	Enter Florida street addre	ess
	, F	Slorida
	City	Zip Code
	City.	zip Coae

scept 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> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Anthony Budhan	9937 Bosque Creek Circle 102	□ Add
		Tampa, FL 33619	Remove
			□Change
			□Add
			□Remove
			
			
			SE CHERONE S CO.
			P#1Change
			°
			Remove
			Change
			□ Add
			Remove
		···	
			□Add □Remove

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	15 PH 2:	::: <u>::</u> :
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ective date, if other than the date of filing: (opti	onal)	
(option effective date, if other than the date of filing:	r tiling.) Pursuant to 605	5.0207 ed as
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (bis filed.	o) The 90th day afte	r the
ted August 29th 2022		
(Dollars St.)		
Signature of a member or authorized representative of a member		