[2] 000299751

(Requestor's Name)
(Äddress)
(Address)
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(O. 10 1 77 10)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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2022 APR 21 AM 11:-20

A. BUTLER APR 2 2 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee. FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

PHONE: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE : 631251 7323191
AUTHORIZATION : Longlo & Company
COST LIMIT : 25.00
ORDER DATE : April 20, 2022
ORDER TIME : 9:14 AM
ORDER NO. : 631251-005
CUSTOMER NO: 7323191
DOMESTIC AMENDMENT FILING
NAME: STELLAR EXECUTIVE SERVICES, LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Eyliena Baker -- EXT#

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

STELLAR EXECUTIVE SERVICES, LLC

2022 APR 21 AM 6: 47

(Name of the Limited Liabilit	y Company as it now appears on our	Tecords)		
(A Fiorida	y Company as it now appears on ogr Limited Liability Company)	TALLAHASSEE, FI		
The Articles of Organization for this Limited Liability Co	ompany were filed on 06/29/202	and assigned		
Florida document number L21000299751				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company here:			
STELLAR BLACK, LLC				
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDR	ESS)			
		-		
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered	office address on our records,	enter the name of the new regist		
gent and/or the new registered office address here:				
Name of New Registered Agent:				
N. D. C. LONG ALL				
New Registered Office Address:	Enter Florida street	address		
	inter i fortal investigation			
	Cin	Florida Zip Code		
	Cuir	гір Соае		

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 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
			□Add
			□Remove
			Change
			□Add
			□Remove
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fective date, if other than the neffective date is listed, the date in this cument's effective date on the	block does not meet the	applicable statu	iling or more than 90 tory filing requiren	(optional) days after filing.) Pursu nents, this date will no	ant to 605.020 of be listed a
ecord specifies a delayed effect is filed.	ive date. but not an effe	ctive time, at 12:	01 a.m. on the earl	ier of: (b) The 90th	day after the
ed April 20	2022	· · · · · · · · · · · · · · · · · · ·			
	0974				
-					
	Signature of a member	or authorized repre	sentative of a memb	er	

Filing Fee: \$25.00