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Division of Corporations

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From:

Account Name : STEMAR SERVICES LLC

Account Number : I2020000104 Phone : (786)554-9240

Fax Number : (305)512-5636

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa- (A Fforda Limited L	ıy aş it now appears on our records.) isbility Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000462905</u> .	were filed on 10 25 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
amendment is submitted to amend the following: amending name, enter the new name of the limited liability company here:	₩	
Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	2821 NOV - 5 AM 1
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the nam	e of the new registered
New Registered Office Address:	Enter Florida syeat address	
		Zip Code

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
AMBR	Maria D. Gonzalez	3560 Altis Circle W	X }Add
		Unit 7-103	□Remove
		Hislesh FL 33018	□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change
			C:Add
			ERemove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove

*	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
(If an e	tive date, if other than the date of filing: 11/04/2021 (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020	07 (3]
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records.	as the
	M. E.	y,
he reco ord is t	ord 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 liled.	ē
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after filled. November 04 2021	<u>}</u>
Dated		ָר ר
	Seigio Sonzales 5	Ç
	Signature of a member of authorized representative of a member	

Filing Fee: \$25.00