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COVER LETTER

TO: Registration Sec Division of Corp			
subject:St	Ellara Solut Name of Limi	ted Liability Company	
	Amendment and fee(s) are submodence concerning this matter to		
	Desiree	S Clark Name of Person	
	Stellar	2 Solutions LLI	<u>c</u>
	6421 N.	Florida Ave D	-1948
		F1, 33604 City/State and Zip Code Code Code Code Code Code Code Code	
For further information co	oncerning this matter, please ca		.ca.iv.i,
Desiree Name of	S Clark Person	at (<u>727</u>) <u>3D4</u> — Area Code Daytimo	4233 Telephone Number
Enclosed is a check for th	e following amount:		
☑ \$25.00 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	<u>s:</u>	Street Address:	vian

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

TO:

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

Stellar 2 Si	olutions L.L.C.
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 22 DDD 6 DD43</u> .	y were filed on 4 9 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
Stellar 2 Solutions LL The new name must be distinguishable and contain the words "Limited Liab"	C Note that the state of the st
The new name must be distinguishable and contain the words "Limited Liab	-
Enter new principal offices address, if applicable:	6421 N. Florida Ave
(Principal office address MUST BE A STREET ADDRESS)	D-1948 Tampa F1, 33604
	121-304
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10421 N. Florida Ave D-1948 Tampa FF 33604
	20
R. If amending the registered agent and/or registered office	address on our records, enter the name of the new registered
agent and/or the new registered office address here:	5: 22
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City 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
			\Add
			Remove
			Change
			□Add
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			∏Change

	Previous Phone number (127-773-6367).
	New updated phone number (727-304-4233).
(If an effecti	e date, if other than the date of filing: 3/15/2023 (optional) live 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 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
he record spord is ord is filed.	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 l.
Dated	March 15th . 2023.
	Signature of a member or authorized representative of a member
	Desiree S. Clark Typed or printed name of signee