L22 000 230 484

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

TO: Registration Se Division of Con			
Stellar Sell SUBJECT:	ers ĹLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
	Lamar White		
		Name of Person	-
			2022
	2010 10 0 1	Firm/Company	2022 OCT 18 SECRETALL MAN
	3213 E 9th Ave	Address	
	Tampa, FL 33605		PR 2: 08
		City/State and Zip Code	
	stellarsellerstampa@gmail.c E-mail address: (com to be used for future annual report notific	ation)
For further information of	concerning this matter, please ca	all:	
Lamar White		631 381-9707	
Name o	of Person	at () Area Code Daytime T	elephone Number
Enclosed is a check for t	he 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 Registration	Section	Street Address: Registration Secti	
Division of Corporations P.O. Box 6327		Division of Corpo The Centre of Tal	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ompany as it now appears on our records. nited Liability Company))		
The Articles of Organization for this Limited Liability Company were filed on May 17, 2022 Clorida document number L22000230484			
liability company here:			
Liability Company," the designation "LLC"	or the abbreviation "L.L.C."		
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(S)	122 C		
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	in in		
	C (2) 08		
-			
fice address on our records, <u>enter t</u>	he name of the new registo		
Enter Florida street address			
, Floi , city	rida Zip Code		
	Liability company here: Liability Company," the designation "LLC" S) fice address on our records, enter the street address Enter Florida street address , Florida street address		

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	Stevie Swinson	9015 Egret Cove Cir	\alpha Add
		Riverview, FL 33578	□Remove
			□Change
			□ Add
			SECRETARY OF Add
			Add 1
			Change
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				(S)	P 157
					2: D8
 	- .			-,	
Effective date, if other	han the date of filing:		551	_ (optional)	
If an effective date is listed, th Note: If the date inserted document's effective date	in this block does not me	et the applicable star			
e record specifies a delayerd is filed.	d effective date, but not a	n effective time, at 1	2:01 a.m. on the earlie	er of: (b) The 90th	day after the
		2022			
Dated October 13		·			

Typed or printed name of signee