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A. BUTLER

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### COVER LETTER .....

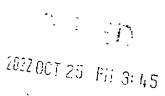
CELESTIAL OPPORTUNITES LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Patrick Wier  Name of Person  Finat/Company  7521 Paula Dr. 260052  Address  Tampa, FL, 33685  City/State and Zip Code pat.wicr@outlook.com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Patrick Wier  Name of Person  For further information encerning this matter, please call:  Patrick Wier  Area Code  Daytime Telephone Number  Einclosed is a check for the following amount:  Except Section  Certificate of Status  Certificate of Status & Certificate of S	TO:					
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Name of Limited Liability Company    Seed Articles of Amendment and fee(s) are submitted for filing.   Seed Articles of Amendment and fee(s) are submitted for filing.   Seed Articles of Amendment and fee(s) are submitted for filing.   Seed Articles of Amendment and fee(s) are submitted for filing.   Patrick Wier						
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E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Patrick Wier 402 301-9332  at (					City/State and Zip Code	· <u> </u>
For further information concerning this matter, please call:    Patrick Wier				-	he would far felture annual range	et modifications
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S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section Division of Corporations  Certified & Copy (additional copy is enclosed)  S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Street Address: Registration Section Division of Corporations	· ·		Name of P	/crson	Area Code D	aytime Telephone Number
Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section Division of Corporations  Certified Copy (additional copy is enclosed)  Street Address: Registration Section Division of Corporations	Enclose	d is a	check for the	following amount:		
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Division of Corporations Division of Corporations				ection		
		Div	ision of Co			

Tallahassee, FL 32314

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CELESTIAL OPPORTUNITES LLC	41	
(Name of the Limited Liability Compa (A Florida Limited I	DV AS IT DOW SDREATS OR OUT FECORDS.)	
The Articles of Organization for this Limited Liability Company	were filed on Septermber 21, 2022	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
CELESTIAL OPPORTUNITIES LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		_
Mailing address MAY BE A POST OFFICE BOX)		
<ol> <li>If amending the registered agent and/or registered office a</li> </ol>	ddress on our records, enter the n	ame of the new regi

#### New Registered Agent's Signature, if changing Registered Agent:

agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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.

Enter Florida street address

\_, Florida \_

## 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>	Name	Address	Type of Action
-		<del></del>	[]]Add
			[]Remove
			□ Change
			🗆 Add
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(If an offe Note:	ve date, if other than the date of filing:  (optional)  ective 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  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
he record ord is file	d 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 ed.
Dated_	- AAED
	Signature of a member or authorized representative of a member