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(City/S	State/Zip/Phone #	<del>/</del> )
PICK-UP	MAIT	MAIL
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Certified Copies	Certificates o	of Status
Special Instructions to Fil	ing Officer:	

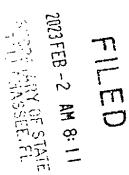
Office Use Only



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415/23 VIII.



### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: Stellar ABA	& Advocacy, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Dana Morgado		
		Name of Person	
		Firm/Company	
	11753 West Atlantic Blvd.,	Unit #2 Address	<del></del>
	Coral Springs, FL 33071	Address	
	dmorgadobcba@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Dana Morgado		954 663-9599	
Name of	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S Division of C P.O. Box 632 Tallahassee. I	Section orporations 7	Street Address: Registration Se Division of Co The Centre of	rporations

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

mpany as it now appears on our records ted Liability Company)	<u>5)</u>
any were filed on January 4, 2023	and assigned
liability company here:	
liability Company," the designation "LLC	or the abbreviation "L.L.C."
<u> </u>	
	N23FEB-2
	55 E M
	ET S & D
fice address on our records, <u>enter</u>	the name of the new regist
	· · · · · · · · · · · · · · · · · · ·
Enter Florida street addres	ŽŽ.
<u> </u>	liability company here:  Liability Company," the designation "LLC  D

## 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 Changing Registered Agent, Signature of New Registered Agent

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
			□Add
٠			□Remove
			□Change
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			☐ Change
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			□Remove
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# Page 2 of 3

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ctive date, if other the	an the date of filing date must be specific an	ng: nd cannot be prior to d	ate of filing or more than	(optional 90 days after filing.) Pur	suant to 605.0
: If the date inserted in ment's effective date or	this block does not	meet the applicable	statutory filing requi	rements, this date will	not be listed
ecord specifies a d le 90th day after th	elayed effective ne record is filed	date, but not a	n effective time,	at 12:01 a.m. on t	;ne earlier
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