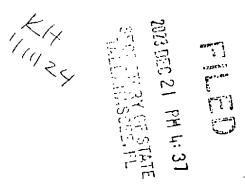
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COVER LETTER

	stration Section ion of Corporation	ons		•	
SUBJECT: _	STELLA		LLC	·•·	
	•	Name of Li	imited Liability Company		
The enclosed a	Articles of Amend	lment and fee(s) are st	abmitted for filing.		
Please return a	all correspondence	concerning this matte	er to the following:		
		Dustin	Luer		
			Name of Person		
		Stellar	Smske LCC Firm/Company		
			Firm/Company		
		3290 Charle	es Macdonald Dr		
		·	Address		
		Sarasote,	Fz 34240 City/State and Zip Code	S S S S S S S S S S S S S S S S S S S	-
					10-12784 B
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For further inf		ing this matter, please		cation) cation) cation)	Control of the Contro
Dust	in Luer		_{at (} 941) 323 - 3	2200	<u>م</u>
	Name of Persor			Telephone Number	
Enclosed is a c	check for the follo	wing amount:			
≰ \$25.00 Fil	ling Fee 🔲 S	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)	
	ing Address: stration Section	n	Street Address: Registration Sec	tion	

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STEILAR SMOKE LLC

(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	and assigned 200208328 amend the following: the new name of the limited liability company here: e and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." Idress, if applicable: The ASTREET ADDRESS) applicable: OST OFFICE BOX) agent and/or registered office address on our records, enter the name of the new registered ed office address here:
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	The state of the s
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	mag =
	·
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>	<u>Address</u>	Type of Action
MBR	ALI, ZOHAIB	2044 Remington Dr	🗆 Add
		Irving, TX 75063	≭ Remove
			Change
			🗆 Add
			□Remove
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n effective date ote: If the dat	if other than the is listed, the date mu e inserted in this b ctive date on the D	ist be specific and lock does not r	deannot be prior neet the applic	to date of filing able statutory t	or more than 90	davs after filin	2.) Pursuaffilto 6	05.020
	s a delayed effectiv	ve date, but not	an effective ti	me, at 12:01 a.	m. on the earl	ier of: (b) 1	'he 90th day af	ster the
ecord specifie is filed.								
is filed.	ember 1		2023					
is filed.	ember 1	2		orized representa	thu of a much			