# L23000360484

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# **COVER LETTER**

TO: Registration 8 Division of Co			
O 1 140 3 13 4 250	NA PROPERTIES LLC		
3000001	Name of Lin	nited Liability Company	·····
	of Amendment and fee(s) are sub condence concerning this matter		
·	RUBY S. PEREZ		
		Name of Person	
	STELLANA PROPERTE	ES ELIC	
		Firm/Company	
	5603 SW 10TH AVE		
		Address	
	CAPE CORAL, FL 3391-	1	
	quantumepiphany ELLI (g. gn	City/State and Zip Code	
		to be used for fature annual (open notific	cation)
For further information	concerning this matter, please c	all:	
Laura Lindgren		239 989-6630	
Name of Person		259 989-6630 at () Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Stams	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (add)(tonal copy is enclosed)

## Mailing Address:

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

### Street Address:

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

STELLANA PROPERTIES LLC

(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appears on our reconability Company)	ords.)		
The Articles of Organization for this Limited Li Florida document number 1-23000360484		were filed on <u>08-01-2023</u>		_ and assigned	
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
N/A					
The new name must be distinguishable and contain the w	ords "Limited Liabi	ity Company," the designation "L	LC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable:		N/A			
(Principal office address MUST BE A STREE	T ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office : s here:	address on our records, <u>ent</u>	er the name (	of the new regig	  stere
Name of New Registered Agent:	N A		· <del></del>		
New Registered Office Address:					
		Emer Florada street add	ress Florida	SECTION IN	response
New Registered Agent's Signature, if changing I	Registered Agent:	Ciņ	,	Zup Code 2	Les Land
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regis being filed to merely reflect a change in the re- company has been notified in writing of this	er and complete stered agent as p registered office	performance of my duties, provided for in Chapter 60.	and Lam fan 5. F.S. Or, if	मेंग्रीक्ष्युः एग्रास्थितार्थः एग्रिक्स्युः एक्स्युः ए	

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

Title	Name	Address	Type of Action
AMBR	Ana Fernanda Figueroa Mertens	5603 SW 10th Ave. Cape Coral, Fl. 33914	_ <b>≣</b> Add
			_ 🗆 Remove
			_□Change
			_□Add
			_□Remove
			_□Change
			_ 🗆 Add
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Effective date, if other than an effective date is listed, the dat Note: If the date inserted in the locument's effective date on t	ns block does not n	neet the applicabl	+ 157 20; date of filing or more e statutory filing r	24 (optio than 90 days after r equirements, this	nal) filing.) Pursuan date will not	t to 605,020' be listed as
	ective date, but not	an effective time	r, at 12:01 a.m. on	the earlier of: (b)	The 90th di	
tecord specifies a delayed off his filed.					7-5	
l is filed.	,	2024			ALL SES	4 AUG -2
tecord specifies a delayed off I is filed. July 17th.			LAZ ed representative of		CI SPARY OF ALLAHASSE	2024 AUG -2 AN 9: 54

Filing Fee: \$25.00