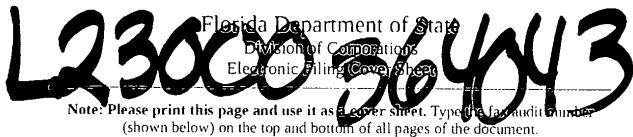
8/9/23, 11:42 AM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STELLAR BLOOM LLC

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AUG 10 2023

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Help

8/9/2023 08:47:21 PDT

Tc: 18506176383

Page, 2/4

From: Registered Agents Inc.

Fax: 813436

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Lin	ompany as it now appears on our records.) inted Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 08/02/23	and assigned
Plorida document number L23000364043	, , , , , , , , , , , , , , , , , , , ,	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u></u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	fice address on our records, enter the n	ame of the new regis
igent and/or the new registered office address here:		
Name of New Registered Agent:		
		27
New Registered Office Address:	Enter Florida street address	7>-
New Registered Office Address:	Times I was the comment of	
New Registered Office Address:	, Florida	
New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent's Signature, and	, Florida	Zip Code

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.

8/9/2023 08:47:21 PDT .

To: 18506176383

Page: 3/4

From: Registered Agents Inc

Fax: 813436

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	<u>Address</u>	Type of Action
AMBR	Shafiullah	7901 4TH ST N STE 300	<b>∑</b> Add
		ST. PETERSBURG, FL 33702	□Remove
			☐ Change
		<del></del>	□Add
			□Remove
			□Change
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Effective date, if other than the (It an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the list	plock does not mee	t the applicab	date of filing or m le statutory filing	(option over than 90 days after the production of the production o	nal) filing.) Pursuant to 605, date will not be liste	.0207 ed as
he record specifies a delayed effection of is filed.	ve date, but not an	effective time	e, at 12:01 a.m. s	on the earlier of: (b)	The 90th day after	r the
August Oth	,	2023				
Dated August still						
Dated August 9th	vaj:					