

L24000076989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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2024 AUG 27 AM 8:57  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STELLAR CART LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jawad Ahmad

\_\_\_\_\_  
Name of Person

Stellar Cart L.L.C

\_\_\_\_\_  
Firm/Company

7901 4TH ST N #19366

\_\_\_\_\_  
Address

ST. PETERSBURG, FL 33702

\_\_\_\_\_  
City/State and Zip Code

stellarcart.hj@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jawad Ahmad

786

7538781

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FILED

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. 2024 AUG 27 AM 8: 58

**FIRST:** The name of the limited liability company is: Stellar Cart LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SECOND:** The Florida Document number of the limited liability company is: L24000076989

**THIRD:** Document to be corrected is: Articles of Organization

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☐ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OR

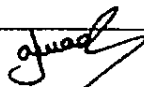
- ☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

The document was defectively signed in the correspondent section by entering 'Aein Bakht' as the electronic signature. The appropriate correction is to update the electronic signature to reflect the correct sole member and authorized signer, Jawad Ahmad.

OR

- ☐ The electronic transmission of the record was defective.

Signature of Authorized Representative



Date 08/16/2024

Signature of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.*

Registered Agent's Signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)