

PO9000054094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900193321559

02/08/11--01023--007 \*\*35.00

APPROVED  
AND  
FILED  
11 FEB 17 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amey*  
*1/10/11*  
*1/10/11*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Stellamoon Inc

DOCUMENT NUMBER: P09000054094

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samuel Oshana  
Name of Contact Person

Stellamoon Inc  
Firm/ Company

208 Jefferson Ave #107  
Address

Miami Beach FL 33139  
City/ State and Zip Code

Samueloshana@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samuel Oshana at (786) 218 4451  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy is enclosed)

**Mailing Address**

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

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 10, 2011

SAMUEL OSHANA  
208 JEFFERSON AVE #107  
MIAMI BEACH, FL 33139

SUBJECT: STELLAMOON, INC.  
Ref. Number: P09000054094

We have received your document for STELLAMOON, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can only have a Manager if you have an Officer listed on the corporation. Please pick a different title for Samuel Oshana.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 611A00003585

RECEIVED  
11 FEB 17 AM 10:07  
DIV OF STATE  
SEE FLORIDA  
TALLAHASSEE

*Please see adjusted title*  
*Member: Samuel Oshana*

Articles of Amendment  
to  
Articles of Incorporation  
of \_\_\_\_\_

Stellamoon Inc  
(Name of Corporation as currently filed with the Florida Dept. of State)

PO9000054094

(Document Number of Corporation (if known))

APPROVED  
AND  
FILED  
11 FEB 17 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

\_\_\_\_\_ The new  
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the  
abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation  
name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

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

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

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

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the  
new registered agent and/or the new registered office address:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_ (Florida street address)

\_\_\_\_\_, Florida  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

**If amending the Officers and/or Directors, enter the title and name of each officer/ director being removed and title, name, and address of each Officer and/or Director being added.**  
 (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PST	Magdalena Oshana	208 Jefferson Ave Suite 107 Miami Beach FL 33159	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Member * <del>Member</del> so	Samuel Oshana	208 Jefferson Ave Suite 107 Miami Beach FL 33159	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
 (attach additional sheets, if necessary). (Be specific)


**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
 (if not applicable, indicate N/A)


The date of each amendment(s) adoption: 2/1/11  
(date of adoption is required)

Effective date if applicable: 2/1/11  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_"  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 2/1/11

Signature [Signature]  
(By a director, president or other officer -- if directors or officers have not been selected, by an incorporator -- if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Magdalena Oshana  
(Typed or printed name of person signing)

PST  
(Title of person signing)