PIT000003892

| (Requestor's Name) |
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| |
| (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: |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: Stellar Innovative S | Solutions Corp | |
|-------------------------|--|---|---|
| DOCUMENT NUMI | D17000003903 | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | |
| Please return all corre | spondence concerning this ma | tter to the following: | |
| | Nicolas C Fonseca | | |
| | | Name of Contact Person | 1 |
| | Stellar Innovative Solutions (| Corp | |
| | | Firm/ Company | |
| | 2605 Maitland Center Pkwy | Suite C | |
| | | Address | |
| | Maitland, FL 32751 | | |
| | | City/ State and Zip Cod | 2 |
| | nick.fonseca@stellaripl.com | | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further informatio | n concerning this matter, pleas | se call: | |
| Nicolas C Fonseca | | 469 | 608-8720 |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for | r the following amount made | payable to the Florida Depa | artment 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) |
| Ame Divi P.O. | endment Section sion of Corporations Box 6327 ahassee, FL 32314 | Amend Divisio The Co | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 |

Tallahassee, FL 32303



202 · 1 12:00

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 21, 2020

STELLAR INNOVATIVE SOLUTIONS CORP 2605 MAITLAND CENTER PKWY STE. C MAITLAND, FL 32751

SUBJECT: STELLAR INNOVATIVE SOLUTIONS CORP.

Ref. Number: P17000003892

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a Limited Liability Company, but your entity is a Profit Corporation. Please complete and return the enclosed blank form(s).

The fee to file your document is \$35.

There is a balance due of \$10.00.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 420A00016028

Articles of Amendment Articles of Incorporation of

Stellar Innovative Solutions Corp

| (Name o | of Corporation as currentl | ly filed with the Florida Dept. of State) | <u>ن</u> | |
|---|------------------------------|---|-------------|--|
| P17000003892 | | | بر بر | |
| | (Document Number o | f Corporation (if known) | | |
| Pursuant to the provisions of section 607, its Articles of Incorporation: | 1006, Florida Statutes, this | Florida Profit Corporation adopts the following amendme | nt(s) to | |
| A. If amending name, enter the new n | ame of the corporation: | 77 | | |
| | Corp." "Inc," or "Co". : | Thenew company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word | | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 2605 Maitland Center Pkwy Suite C | | |
| | | Maitland, FL 32751-4131 | | |
| | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 2605 Maitland Center Pkwy Suite C | | |
| | | Maitland, FL 32751-4131 | | |
| | | | | |
| D. If amending the registered agent ar new registered agent and/or the new | | | | |
| Name of New Registered Agent | Nicolas C Fonseca | - | | |
| And of the Hegine, entire | 2605 Maitland Center Pkw | vy Suite C | | |
| | • | reat address) | | |
| New Registered Office Address: | Maitland | (City) Florida 32751-4131 (City) (Zip Code) | | |
| | | (Chy) (Zip Code) | | |
| | | | | |
| New Registered Agent's Signature, if c I hereby accept the appointment as regist | | : with and accept the obligations of the position. | | |

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President. Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change | <u>PT</u> | John Doe | |
|--------------------------|----------------|-------------------|-----------------------------------|
| X Remove | <u>v</u> | Mike Jones | |
| | _ <u>sv</u> | Sally Smith | |
| Type of Action | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| (Check One) 1) Change | MGR | Nicolas C Fonseca | 2605 Maitland Center Pkwy Suite C |
| X Add | | | Maitland, FL 32751-4131 |
| Remove 2) Change | MGR | Lavanya Chandra | 910 Devon Creek Rd |
| Add Remove 3) Change | | | Winter Springs, FL 32708 |
| Add Remove 4) Change Add | | | |
| Remove 5) Change Add | | | |
| Earnove Change Add | | | |

| E. If amending or | adding additional | Articles, enter ch | ange(s) here: | | | |
|---------------------------------------|---|---|---|---|-------------|----------|
| (Attach addition | nal sheets, if necessar | y). (Be specific |) | | | |
| N/A | | | | | | |
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| r. Han amendme | ent provides for an or implementing the s | <u>exchange, reclass</u> amendment if no | <u>ification, or can</u> t contained in th | <u>cellation of issued</u> | shares, | |
| (if not app | r implementing the a plicable, indicate N/A | i) | | · · | | |
| N/A | | | | | | |
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| | 06/24/2020 | |
|---|--|------------------------------|
| The date of each amendment(s) adoption | on: | , if other than t |
| date this document was signed. | | |
| 06/24/202 | 0 | |
| Effective date <u>if applicable</u> : | (| · - |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block of document's effective date on the Department. | does not meet the applicable statutory filing requirements, this nent of State's records. | date will not be listed as t |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were adopted action was not required. | by the incorporators, or board of directors without shareholder a | iction and shareholder |
| ■ The amendment(s) was/were adopted by the shareholders was/were sufficie | by the shareholders. The number of votes cast for the amendment for approval. | ent(s) |
| | thy the shareholders through voting groups. The following state voting group entitled to vote separately on the amendment(s): | ement |
| "The number of votes cast for th | e amendment(s) was/were sufficient for approval | |
| by | ,** | |
| | (voting group) | |
| 09/02/2020 | | |
| Dated | | |
| Signature | June | |
| (By a director selected, by a | r, president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other cluciary by that fiduciary) | |
| _ | Nicolas C. Fonseca | |
| | (Typed or printed name of person signing) | |
| Mana | ıger | |
| | (Title of person signing) | |