FEI Number: 42-1771905 Certificate of Status D Name and dress of Current Registered Agent: GOMEZ RODRIGUEZ, DINEYA 419 W 49 ST STE 111 HIALEAH, FL 33012 US The above name entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of SIGNATURE: DINEYA GOMEZ RODRIGUEZ Electronic Signature of Registered Agent Authorized Person(s) Detail : Title MGR Title MGR MGR					
GOMEZ RODRIGUEZ, DINEYA 419 W 49 ST STE 111 HIALEAH, FL 33012 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of SIGNATURE: DINEYA GOMEZ RODRIGUEZ Electronic Signature of Registered Agent Authorized Person(s) Detail :	FEI Number: 42-1771905			Certificate of Status D	
419 W 49 ST STE 111 HIALEAH, FL 33012 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of SIGNATURE: DINEYA GOMEZ RODRIGUEZ Electronic Signature of Registered Agent Authorized Person(s) Detail :	Name and Address of Current Registered Agent:				
Electronic Signature of Registered Agent Authorized Person(s) Detail :	419 W 49 ST STE 111 HIALEAH, FL 33012 US				
Authorized Person(s) Detail :	SIGNATURE	DINEYA GOMEZ RODRIGUEZ			
		Electronic Signature of Registered Agent			
TitleMGRTitleMGR	Authorized Person(s) Detail :				
	Title	MGR	Title	MGR	

2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000058805

Entity Name: MORPHEAN, LLC

Current Principal Place of Business:

2875 NE 191 STREET SUITE 801 AVENTURA, FL 33180

Current Mailing Address:

2875 NE 191 STREET SUITE 801 AVENTURA, FL 33180 US

FE

Na

BAYLAC, ROBERTO

AVENTURA FL 33180

AVENTURA FL 33180

BAYLAC, MORA

MGR

2875 NE 191 STREET SUITE 801

2875 NE 191 STREET SUITE 801

Name

Title

Name

Address

Address

City-State-Zip:

City-State-Zip:

The of Florida.

Name

Title

Name

Address

Address

City-State-Zip:

City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: INSAUSTE, MARIA MERCEDES

MGR

03/20/2023 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 20, 2023 Secretary of State 6853937719CR

> 03/20/2023 Date

Desired: No

INSAUSTE, MARIA MERCEDES

2875 NE 191 STREET SUITE 801

2875 NE 191 STREET SUITE 801

AVENTURA FL 33180

AVENTURA FL 33180

BAYLAC, LUNA

MGR