

L05 0000066526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

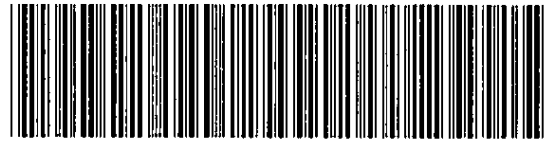
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer.

Office Use Only

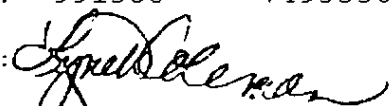


100395488531

RECEIVED  
2022 OCT -6 AM 11:25  
TALLAHASSEE, FL

FILED  
2022 OCT -6 PM 12:29  
SECRETARY OF STATE  
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 991386 7493556  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

---

ORDER DATE : October 5, 2022  
ORDER TIME : 9:10 AM  
ORDER NO. : 991386-001  
CUSTOMER NO: 7493556

---

DOMESTIC AMENDMENT FILING

NAME: MSM ENTERPRISES LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
2022 OCT -6 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FL

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Starbright Occupational Therapy LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

393 Laguna Ave

***(Principal office address MUST BE A STREET ADDRESS)***

Key Largo, Florida 33037

**Enter new mailing address, if applicable:**

393 Laguna Ave

***(Mailing address MAY BE A POST OFFICE BOX)***

Key Largo, Florida 33037

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

**Name of New Registered Agent:**

**New Registered Office Address:**

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

**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.*

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

2077 OCT -6 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED  
2077 OCT -6 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FL

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 5, 2022

Eloise Mason

Eloney Mason

Typed or printed name of signee