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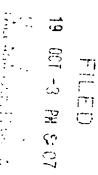
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
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S. YOUNG

## **COVER LETTER**

TO:	Registration Se Division of Cor						
CHD II		STAR GC, LLC					
SUBJECT:Name of Limited Liability Company							
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
			Mark Shaw				
			Name of Person				
			MORNING STAR GC. LLC				
			Firm/Company				
		•	7119 East Bay Blvd.				
			Address				
			Navarre, FL 32566				
			City/State and Zip Code mshaw81@aol.com	<del> </del>			
		E-mail address: (	to be used for future annual report noti-	fication)			
For fur	ther information co	oncerning this matter, please co	alt:				
Mark S	Shaw		850 226-1052 at ( )				
	Name of	f Person	Area Code Daytim	e Telephone Number			
Enclos	ed is a check for th	ne following amount:					
□ \$2.	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

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

# STREET/COURIER ADDRESS:

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Morning Star GC, LLC		er Sam
(Name of the Limited L (A)	iability Company as it now appears lorida Limited Liability Company)	s on our records.)	1
The Articles of Organization for this Limited Liabil Florida document number	ity Company were filed on	July 3, 2008	and assigned
This amendment is submitted to amend the following	ig:		:
A. If amending name, enter the new name of the	e limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," the de-	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u></u>	<u> </u>	
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO)	<u></u>		I'm a nage anyminy a a
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>ente</u>	r the name of the ne
Name of New Registered Agent:			
New Registered Office Address:	Enton Flow	ida street address	
	Enter r tor	ua sireet aaaress	
-	City	Florida	 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<b>Type of Action</b>
MGR	Lorna Shaw	7119 East Bay Blvd. Navarre, FL 32566	<b>□</b> Add
			□ Remove
			Change
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			□ Remove
			Add
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Y	ikan dham dha data s		July 22, 2019	(antian	2D
ote: If the date ins	ted, the date must be spe erted in this block does date on the Department	es not meet the applic	cable statutory filing	ore than 90 days after filing requirements, this day	al) ng.) Pursuant to 605.0207 ite will not be listed as (
	es a delayed effeo fter the record is		ot an effective t	ime, at 12:01 a.n	n. on the earlier of
Ji	uly 22	2019	·		
	14.			of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00