

LOG 000 120457

(Requestor's Name)

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(City/State/Zip/Phone #)

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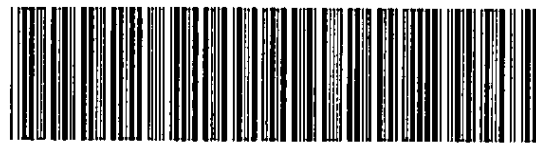
(Business Entity Name)

(Document Number)

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2021 NOV 22 PM 12:35
CLERK OF COURT
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A. BUTLER

DEC 10 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Morning Star Consulting, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Croyle
Name of Person

Renegade Insurance
Firm/Company

4961 Babcock Street NE Suite 7
Address

Palm Bay, FL 32905
City/State and Zip Code

john-croyle@renegadeinsurance.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Croyle at (678) 612-1594
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2021 NOV 22 PM 12:34

Morning Star Consulting, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

CLERK OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 12/18/2009 and assigned Florida document number LO9000120457.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

4961 Babcock Street NE

Suite 7

Palm Bay FL 32905

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4961 Babcock Street NE

Suite 7

Palm Bay FL 32905

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 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>	<u>Address</u>	<u>Type of Action</u>
<u>AMBR</u>	<u>Frederico Dantas Costa</u>	<u>1803 Park Center Drive</u>	<input type="checkbox"/> Add
		<u>Ste 200</u>	<input checked="" type="checkbox"/> Remove
		<u>Orlando, FL 32835</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Jacqueline Donata Girao</u>	<u>1041 Turnbuckle Ct</u>	<input type="checkbox"/> Add
		<u>Ocoee FL 34761</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>John Croyle</u>	<u>4961 Babcock Street NE</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 7</u>	<input type="checkbox"/> Remove
		<u>Palm Bay FL 32905</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Doug Rowe</u>	<u>4961 Babcock Street NE</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 7</u>	<input type="checkbox"/> Remove
		<u>Palm Bay FL 32905</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

_____ 2021 _____

Typed or printed name of signer

Filing Fee: \$25.00