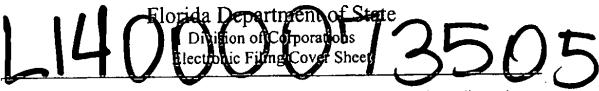
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7/1/2021

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210002561043)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC

Account Number : 120060000012 Phone : (305)826-5886

Fax Number : (305)722-0535

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

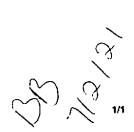
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MORF-IT STUDIO LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu.

Help



Page: 2 of 4

From: Martin Colle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MORF-I1	r studio llc			
(Name of the Limited Liability C (A Florida Li	ompany as it now appears mited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Com	npany were filed on	05/06/2014	and assigned	
Florida document numberL14000073505				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company her	<u>.</u> 6:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the des	signation "LLC" or the	abbreviation "L.L.C."	_ _
Enter new principal offices address, if applicable:				_
(Principal office address MUST BE A STREET ADDRES	<u></u>		- 5 	
			72. 72.	_
Enter new mailing address, if applicable:	785 NW 151ST A	AVE	1	<u>.</u> :
(Mailing address MAY BE A POST OFFICE BOX)	PEMBROKE PIN	NES, FL 33028		., ,
			<u> </u>	<u>-</u> _,
			्रेल ज	~ /
B. If amending the registered agent and/or registered of	ffice address on our re	cords, enter the na	me of the new regis	stered
agent and/or the new registered office address here:				
Name of New Registered Agent:				_
New Registered Office Address:	785 NW	151ST AVE		
	Enter Florid	da street address		
	PEMBROKE PINES	, Florida _	33028	
	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 fareby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

To: 18506176383

Page: 3 of 4

2021-07-01 14:13:21 UTC

13058473293

From; Martin Colla

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>	Name	Address	Type of Action
MGR	MELISSA AMAYA	640 NW 208 CIRCLE	DAdd
	, -	PEMBROKE PINES, FL 33028	≅ Remove
			GChange
AMBR AMAYA, DULLY M	785 NW 151ST AVE	■Add	
		PEMBROKE PINES, FL 33028	□Remove
			□ Change
AMBR PINTO, FABIAN	785 NW 151ST AVE	■Add	
		PEMBROKE PINES, FL 33028	□Remove
			Change
			□Add
			□ Remove
			Change
			🗀 Add
			Петоve
			□Change
			□Remove
			☐ Change

record is filed.

				- 29 · 20 · 20 · 20 · 20 · 20 · 20 · 20 ·	
					••
			<u></u>		i
				(SEE 12)	45.
			<u> </u>		
Note: If the date in	ther than the date of filing: ited, the date must be specific and canno certed in this block does not meet the date on the Department of State's	ie applicable statutory filinj	(optiona one then 90 days after filir grequirements, this da	l) ng.) Pursuant to 605. te will not be liste	.0207 :d as

JULY IST Dated or authorized representative of a member Signature of a member DULLY M AMAYA Typed or printed name of signee