

7/1/2021

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L14000073505**

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To:

Division of Corporations  
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Account Number : I20060000012  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MORF-IT STUDIO LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/06/2014 and assigned  
Florida document number L14000073505.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

785 NW 151ST AVE  
PEMBROKE PINES, FL 33028

**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:

785 NW 151ST AVE

Enter Florida street address

PEMBROKE PINES

City

Florida

33028

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>	<u>Address</u>	<u>Type of Action</u>
MGR	MELISSA AMAYA	640 NW 208 CIRCLE	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33028	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AMAYA, DULLY M	785 NW 151ST AVE	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33028	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PINTO, FABIAN	785 NW 151ST AVE	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33028	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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