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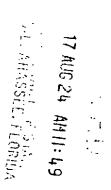
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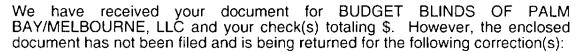
FLORIDA DEPARTMENT OF STATE Division of Corporations

August 15, 2017

EBAN SHOR 126 QUEEN BESS COURT FORT PIERCE, FL 34949

SUBJECT: BUDGET BLINDS OF PALM BAY/MELBOURNE, LLC

Ref. Number: L17000107139



The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 217A00016706

COVER LETTER

| | | stration Secti sion of Corpo | | | | |
|--|---------------|---------------------------------|---|--|--------------------|---|
| eno re <i>c</i> | | Budget Blinds | of Palm Bay/Melbourne, EL | С | | |
| SUBJEC | , li <u> </u> | | Name of Limite | ed Liability Company | ······ | |
| The encl | osed | Articles of Ar | mendment and fee(s) are subm | itted for filing. | | |
| Please re | turn a | all correspond | lence concerning this matter to | the following: | | |
| | | | Eban Shor | | | |
| | | | - | Name of Person | | |
| | | | Morningstone, LLC | | | |
| | | | | Firm/Company | | |
| | | | 126 Queen Bess Court | | | |
| | | | | Address | | |
| | | | Fort Pierce, Florida 34949 | | | |
| | | | | City/State and Zip Code | | |
| | | | rivershor@yahoo.com | | | |
| | | | E-mail address: (to | be used for future annual i | report notificatio | n) |
| For furth | er inf | ormation con- | cerning this matter, please call | l: | | |
| Eban Sho | or | | | 772 999 at () | 9-1234 | |
| Name of Person Area Code Daytime Telephone | | | phone Number | | | |
| Enclosed | lisa | check for the | following amount: | | | |
| □ \$25.0 | 00 Fi | ing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is encl | | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

TO:

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

| Budget Blinds of Palm Bay/Melbourne, LLC | | | | | | | | |
|---|--|-------------------------|--|--|--|--|--|--|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) hability Company) | | | | | | | |
| The Articles of Organization for this Limited Liability Company | were filed on May 15, 2017 | and assigned | | | | | | |
| Torida document number L 17000107139 | | | | | | | | |
| This amendment is submitted to amend the following: | | | | | | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | | | | | | |
| Morningstone, LLC | | | | | | | | |
| he new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or th | e abbreviation "L.L.C." | | | | | | |
| Enter new principal offices address, if applicable: | 126 Queen Bess Court | | | | | | | |
| Principal office address MUST BE A STREET ADDRESS) | Fort Pierce, Florida 34949 | | | | | | | |
| Enter new mailing address, if applicable: | 126 Queen Bess Court Fort Pierce, Florida 34949 | | | | | | | |
| Mailing address MAY BE A POST OFFICE BOX) | TORT FICEC, Florida 54949 | | | | | | | |
| 3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | G | | | | | | |
| and the new registered write under the new | <u>-</u> • | 2888 - 2 | | | | | | |
| Name of New Registered Agent: | | R | | | | | | |
| New Registered Office Address: | | 0.21 | | | | | | |
| | 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

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| | tive date, if other than the date of filing: August 22, 2017 (optiona | * | | |
| fan e Note: | ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date nent's effective date on the Department of State's records. | | | |
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