Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC Account Number : 120180000086 Phone : (916)576-7000 Fax Number : (800)603-5868

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

Email Address: RLOPS@PARASEC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MORENRICHEDLOOKS LLC

C. BRUMBLEY

DEC 14 2022

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

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Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MORENRICHEDLOOKS LLC | | | |
|---|---|---------------------------|--------------------------|
| (Name of the Limited Liability Compa (A Florida Limited) | iny as it now appears Liability Company) | on our records.) | |
| The Articles of Organization for this Limited Liability Company | were filed on | 10/10/2017 | and assigned |
| Florida document number <u>L17000209272</u> . | | | |
| his amendment is submitted to amend the following: | | | |
| A. If amending name, <u>enter the new name of the limited liab</u> | ility company her | <u>e</u> : | |
| he new name must be distinguishable and contain the words "Limited Liabi | lity Company." the de: | signation "LLC" or th | ne abbreviation "L L C " |
| Enter new principal offices address, if applicable: | | | 75.02.2 7.02.2 |
| Principal office address MUST BE A STREET ADDRESS) | | | |
| | | | |
| | | | THE SERVICE |
| Inter new mailing address, if applicable: | | | 1 N N N |
| Mailing address MAY BE A POST OFFICE BOX) | | 4 | |
| | | - <u>-</u> | |
| 3. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our rec | cords, <u>enter the n</u> | rame of the new register |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Flora | la street address | |
| | | , Florida | |
| | Cit. | | 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.

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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

| Title | <u>Name</u> | <u>Address</u> | Type of Action |
|-------|--------------------|---------------------------------------|----------------|
| AMBR | Haley Pierre-Louis | 10100 W Sample Rd 3rd floor | X Add |
| | | Coral Springs, FL 33065 | DRemove |
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| D. If amend | ling any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| <u>Note:</u> li t | date, if other than the date of filing: |
| If the record specord is filed | pecifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of, (b). The 90th day after the |
| Dated | December 1 2022 Tiomer, Member |
| | Signature of a member or authorized representative of a member |
| | Tianna Morris Typed or printed name of signee |

Filing Fee: \$25.00