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## **COVER LETTER**

Division of Corporations	
SUBJECT: MORNINGST	
Name o	of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	re submitted for filing.
Please return all correspondence concerning this n	natter to the following:
CAR	MEN MARTINE 2  Name of Person
	CNINGSTAR 3 LLC Pinn/Company
	881 SW 13044 TERRACE
	City/State and Zip Code  1artinez (1881 @ amail. Com ress: (to be used for future annual report notification)
E-mail add	ress: (to be used for future annual report nomication)
For further information concerning this matter, ple	ease call:
CAPMEN MARTI	NEZ at (786) 256 5656  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee San San San State See See Service See Service See Service See Service See See Service See See See See See See See See See S	<del>-</del>
Mailing Address:	Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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

MORNINGS	MAR 3 LLC
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document numberL\8000\47	Company were filed on $06082018$ and assigned $2042$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)
	.3
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	1 0
	3
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new registers</u> :
Name of New Registered Agent:	
New Registered Office Address:	
New Negistorea Office / Nations.	Enter Florida street address
	Florida
	Ciry Zıp 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>	Address	Type of Action
MGR	ARIEL MARTINEZ		🗀 Add
		16881 GW 13044 TERRACE MIAMI, KL 33154	MRemove
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			□Add
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te: If the date inserted in this cament's effective date on the	s block does not	meet the applicab	le statutory filing r	equirements, this d	ate will not be listed a
differ seriective date on the	c Department of	built 3 records.			
	ctive date, but no	ot an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
ecord specifies a delayed effe					د
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s filed.		2021	<del>\</del>		

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