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COVER LETTER

TO:	Registration So Division of Cor			
Carin		ľ MORNING STAR CREATI	VE COUNSELING, LLC	
SUB.	JECT:	Name of Lin	nited Liability Company	
The c	enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Pleas	e return all correspo	indence concerning this matter	to the following:	
		Sally D Sierra		
			Name of Person	Person Person Tip Code Tip Code Tode Tode
			Firm/Company	
1648 Lake Heron DR				·
		Lutz, FL. 33549	Address	
		E-mail address: (to be used for future annual report notifi	ication)
For fi	irther information c	oncerning this matter, please c	all:	
Sally	D Sierra		at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
∃ Si	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

MAILING ADDRESS:

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

BRIGHT MORNING STAR CREA	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on October 4, 2018 and assign
Florida document numberL18000236085	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
he new name must be distinguishable and contain the words "Limited Liab	hility 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)	OCT TI
	72
	. <u>3</u> . <u>1</u>
Enter new mailing address, if applicable:	12.7
Mailing address MAY BE A POST OFFICE BOX)	္ကို သ ကို ရာ
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here. Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	Cu) Zap Coae

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
AMBR	Sally D Sierra	1648 Lake Heron DR Lutz, FL 33549	<u></u>
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fective date, if other than the date of filing:	ing or more than 90 days after filing.) Pursuan	
record specifies a delayed effective date, but not an effect. The 90th day after the record is filed.	ctive time, at 12:01 a.m. on the	earlier
Signature of a member or authorized repres		
	a Oct 192	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00