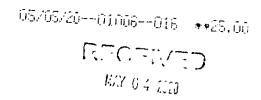
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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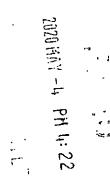
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COVER LETTER

TO: Registration Se Division of Cor				
	SUNSHINL MART, LLC			
SCBJECT:	Name of Lim	ited Liability Company		
The enclosed Arricles of	Amendment and fee(s) are sub	mitted for tiling.		
Preuse return all correspo	indence concerning this matter	to the following:		
	LAMMONE OR			
		Name of Person		
	MORNING SUNSHINE N	MART, ELC		
		Firm/Company		
	2586 46TH AVE N			
		Address		
	ST PETERSBURG, FL 33	5714		
		City/State and Zip Code		
	morningsunmart@gmail.co	m to be used for future annual report not	00 materials	
For further information c	oncerning this matter, please c	·	meanon)	
LAMMONE OR		727 488-4121 at ()		
Name o	l'Person	Area Code Daytim	ne Telephone Number	
Enclosed is a check for ti	ne following amount:			
第 825,00 Filing Fee	Z 830,00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addres</u> Registration !	Section	<u>Street Address:</u> Registration Se	ction	
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee	
Fallahassee, l			e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MORNING SUNSHINE MART, LLC (<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{04/22/2020}{1}$ and assigned Florida document number <u>L20000110150</u> 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 abbreviations "LTC" 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) 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: Enter Florida street address

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

-AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
SEC	OR, CHEUK	2586 46TH AVE N	!Add
		SAINT PETERSBURG, FL 33714	≣ Remove
			TAdd
		· · · · · · · · · · · · · · · · · · ·	ZRemove
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Page 2 of 3

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i effecti	date, if other than the date of filing: (optional date is listed the date must be specific and cannot be prior to date of filing or more than 90 days after filing) Parsuani to 505,0207
	he date inserted in this block does not meet the applicable statutory filing requirements, this date is effective date on the Department of State's records.	will not be listed as
recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the earlier of
	th day after the record is filed.	
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led _	4/20/20	
	Signature of a member or authorized representative of a member	
	LAMMONF OR	