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COVER LETTER

TO:

TO: Registration S Division of Co			
	orphosis LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub		
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Kristi Nowrouzi Name of Person Money Morphosis LLC Firm/Company 222 Flame Avenue Address Maitland. FL 32751 City/State and Zip Code questions@creditkristi.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kristi Nowrouzi Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount:			
Please return all correspo	ondence concerning this matter	to the following:	
	Kristi Nowrouzi		
		Name of Person	
	Money Mornhosis LLC		
		Firm/Company	·
	202 (2)	Tank company	
	222 Flame Avenue		
		Address	
	Maitland, FL 32751		
		•	
	· -		(cation)
For further information of			
Kristi Nowrouzi			
Name of Person			: Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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 Addre</u> Registration		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632		The Centre of T	
Tallahassee,	I L 32314	Tallahassee, FL	e Street, Suite 810 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

220 AT: 17 PHI 12: 27

Money Morphosis LLC

The Articles of Organization for this Limited Liability Company	were filed on 8/3/2020	and assigned
lorida document number L20000232574		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	2014 Edge #133 Orlando,	FL 32804
If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>e</u>	nter the name of the new reg
Name of New Registered Agent:	•	
New Registered Office Address:	Enter Florida street a	ddress
New Registered Office Address:		
New Registered Office Address:		, FloridaZip Code

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 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	2328 AL 17	FType of Action
AMBR	Kristi Nowrouzi	222 Flame Ave Maitland	, FL 32751	= Add
				□Remove
				DChange
				□Add
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	155 17 Dillo	
		
		
		
		
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fective date, if other than the da n effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Depa	secific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant oes not meet the applicable statutory filing requirements, this date will not be	to 605.0207 be listed as
ecord specifies a delayed effective da is filed.	but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	y after the
ted August 15	2020	
/	ture of a member or authorized representative of a member	