(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

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COVER LETTER

TO:

Registration Section Division of Corporations

subject: <u>Моу</u> м	Name of Limi	FESSIONAL CLEC ted Liability Company	aning Services	llc
The enclosed Articles of Ar	nendment and fee(s) are subr	nitted for filing.		
Please return all correspond	ence concerning this matter t	o the following:		
ldress change ade Tocky	Danuka E	Name of Person		
13/22		Firm/Company		
to: 2 NW 19200	12303 US	HWY 441 <	<u> </u>	
ivenue inesville, TLL		F1. 32 Le Le -		
269	E-mail address: (t	to be used for future annual report nout	ication)	
For further information con	cerning this matter, please ca	all:		
Danika Ti	Teston Person	at (386) 853 - Area Code Daytime	CGO Telephone Number	
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Sc Division of Co P.O. Box 6327	rction rporations	Street Address: Registration Sec Division of Cor The Centre of T	porations allahassee	
Tallahassee, Fl	_ 34314	2410 IV. IVIORIO	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Morning Stay Professional State of the Limited Liability Company as (A Florida Limited Liability Company)	L CLOW 1 St Control of the lity Company)	L 13 AM 2: A) PKYLES, LLC TARY UF STATE AHASSEE, FL
The Articles of Organization for this Limited Liability Company were Florida document number L2000311748	filed on 12/02/20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability The New name must be distinguishable and contain the words "Limited Liability Contains the words" "Limited Liability Contains the words "Limited Liability Contains the words" "Limited Liability Contains the words "Limited Liability Contains the words" "Limited Liability Contains the words" "Limited Liability "Liability Liability "Liability "Liability" "Liability "Liability" "Liability "Liability "Liability" "Liability "Liability "Liability" "Liability "Liability" "Liability "Liability "Liability "Li	, i C	the abbreviation "L.L.C."
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 addragent and/or the new registered office address here:	ess on our records, <u>enter the</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florie	daZip 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
			□Add
			□Remove
			Change
***			□Add
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lf an eft <u>Note:</u>	(optional) ective date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e recor rd is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	July 13th 2022
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00