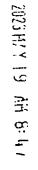
L21000145018

	(Requestor's Name)
	(Address)
	(Address)
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	(Address)
	(City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
	(Business Entity Name)
	(Document Number)
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D	ate:	05/19/2023	- w: DW
	··	Acc#I20160000072	4. C > V
Name:	SkyPharm L	LC	
Document #:			
Order #:	14945574		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Filing: 🗸	Certified: Plain: COGS:		Email Address for Annual Report Notifications:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$	55.00	

Thank you!

COVER LETTER

TO:	Registration Se Division of Cor			
	SkyPharm !	LLC		
SUBJEC	.I:	Name of Limi	ted Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	indence concerning this matter t	to the following:	
		Robert R. Fafinski III		
			Name of Person	
		Fafinski Mark & Johnson, I	P.A.	
			Firm/Company	
		775 Prairie Center Drive, S	uite 400	
			Address	
		Eden Prairie, MN 55344		
			City/State and Zip Code	
		corporate.paralegal@fmjlaw	o be used for future annual report notification)	
P 6 .1				
For furth	ier information c	oncerning this matter, please ca		
Robert F	t, Fafinski III		952 995-9500 at ()	←
	Name o	f Person	Area Code Daytime Telephone Number	
Enclosed	l is a check for t	he following amount:		
\$ 25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fe Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	tatus &
	Mailing Addres		Street Address:	
	Registration : Division of C		Registration Section Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 HAY 19 AM 8: 47

SkyPharm LLC				
(Name of the Limits	d Liability Compa A Florida Limited	iny as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited List Florida document number L21000145018	ability Company	were filed on 4/6/202	21	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	oility company here:		
Perfect Mornings LLC				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the design	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica		8475 Parley Lak Waconia, MN 5		
(Principal office address MUST BE A STREE	<u> </u>			
Enter new mailing address, if applicable:	n.010			
(Mailing address MAY BE A POST OFFICE I	<u>80X)</u>			
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office : s here:	address on our reco	rds, enter the nan	ne of the new registe
Name of New Registered Agent:	C T Corp	oration		
New Registered Office Address:	1200 Sout	th Pine Island Roa	.d	
TO WINGS STREET SALES.	Planta	Enter Florida . tion	strect address , Florida	33324
		City	, a tortua	Zip 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.

Stephane Honay

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	James R Redmond	8475 Parley Lake Rd, Waconia, MN 553	87
			Remove
	Stephanie A Redmond	8475 Parley Lake Rd, Waconia, MN 553	
AMBR	Stephanic A Realiford		Add
			Remove
			Change
AMBR	Thomas M III Redmond	8475 Parley Lake Rd, Waconia, MN 553	
			=Remove
			Change
			= Add
			= Remove
			TChange
			= Add
			TRemove
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			-Change

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ffective date, if other an effective date is listed, fote: If the date inserted ocument's effective date	d in this block does	s not meet the ap	oplicable statutory	g or more than 90 tiling requiren	(optional) days after filing nents, this date) Pursuant to 605.020 will not be listed a
record specifies a delay I is filed.	ed effective date, b	ut not an effecti	ve time, at 12:01	a.m. on the ear	lier of: (b) Th	e 90th day after the
ated May 18		2023				
aicu		Edert	Thatil	H		
	Signatur	e of a member or	authorized represer	tative of a memb	er	
	.agnuidi	c or a memoer or	<i>p</i>			

Filing Fee: \$25.00