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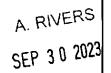
(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Se Division of Cor			•
SUBJE	Morning St	ar Decorative Borders, LLC		
	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	indence concerning this matter	to the following:	
		Sixto J Montero Jr		
			Name of Person	
		Chain Of Lakes Softwash,	LLC	
			Firm/Company	
		24770 Bonsmara Dr		
			Address	
		Groveland, Fl 34736		
		sixtom5203@gmail.com	City/State and Zip Code	
		~-	to be used for future annual report notific	cation)
For furt	her information c	oncerning this matter, please ca	all:	
Sixto Ja	y Montero		407 403-0669	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne following amount:		
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Morning Star Decorative Borders, LLC					
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company	were filed on <u>06/29/2021</u>	and assigned			
Florida document number L21000299535					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
Chain Of Lakes Softwash, LLC					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	24770 Bonsmara Dr				
(Principal office address MUST BE A STREET ADDRESS)	Groveland, Fl 34736				
Enter new mailing address, if applicable:	24770 Bonsamar Dr				
(Mailing address MAY BE A POST OFFICE BOX)	Groveland, FI 34736				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, <u>enter the na</u>	me of the new register			
	Enter Florida street address , Florida	· · · · · · · · · · · · · · · · · · ·			
	, Florida _	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.

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
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Filing Fee: \$25.00