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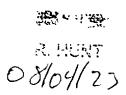
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

CLIBICOT	ronaut Films LLC		
SUBJECT.	Name of Lim	ited Liability Company	
Please return all correspondence concerning this matter to the following:    Jonathan Taboada			
Please return all correspon	ndence concerning this matter	to the following:	
	Jonathan Taboada		
		Name of Person	
	ZenBusiness INC		
		Firm/Company	
	336 E. College Ave Suite	301	
		Address	<del></del>
	Tallahassee, FL 32301		
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report not	ification)
For further information co	oncerning this matter, please ca	all:	
c/o ZenBusiness INC		at (	
Name of Person Area Code Daytime Telephone Number		ne Telephone Number	
Enclosed is a check for th	e 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)
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Set Division of Control The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Almost Astronaut Films LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{07/25/2023}{1}$ and assigned Florida document number 1.21000527408 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Morris & Morales LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or 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 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 \_, Florida City

## 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
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		<del></del>	□Remove
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ective date, if other than the effective date is listed, the date in ee. If the date inserted in this lument's effective date on the	block does not meet th	e applicable statute	ling or more than 90 cory filing requireme	_ <b>(optional)</b> lays after filing.) Pursuan ents, this date will not	it to 605.020 be listed a
cord specifies a delayed effect s filed.	ive date, but not an eff	ective time, at 12:0	01 a.m. on the earli	er of: (b) The 90th d	ay after the
ed	. 202	<u>3</u>			
/s/Walter Eugene Mor	ris III  Signature of a member				