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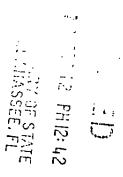
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COVER LETTER

	istration Se ision of Cor					
SURIFCT:	PZ BALL I	PYTHON, LLC				
SOBJECT.		Name of Lim	ited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub	emitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		RICARDO PIZZI				
			Name of Person			
			Firm/Company			
		16013 SW 86TH TER				
			Address			
		MIAMI, FL 33193				
		rappz@yahoo.com	City/State and Zip Cod	e		
		· · · ·	to be used for future annu-	al report notification)		
For further in	nformation c	oncerning this matter, please c	all:			
RICARDO I	PIZZI		305 8	04-1082		
Name of Person		Area Code	Daytime Teleph	none Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is e		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Addres			Address: tration Section		
Registration Section Division of Corporations		_	Division of Corporations			
). Box 632			entre of Tallaha		
Tal	lahassee, l	FL 32314	24151	N. Monroe Stree	et, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PZ BALL PYTHON, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on o Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability C	ompany were filed on August	and assigned
lorida document number L24000356119	·	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
MorphBalls, LLC.		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7.35 7.5
Principal office address MUST BE A STREET ADDI	RESS)	
		577 75
		P ±
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		72 -
Multing dadress MAT BE A FOST OFFICE BOX		<u>rriO</u>
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our record	ls, enter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sti	eet (uidress
		, Florida
	City	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 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
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			□Change
			□Remove
			□Change
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			Remove
			□Change
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e record specifies a delaye		ate, but not	: an effectiv	e time, at 12	2:01 a.m. or	n the e	arlier
The 90th day after the re	cord is filed.						
September 9		2024					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00