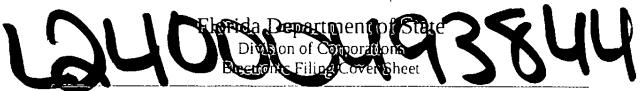
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

· Email Address:		

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN: MORPHA MARKETING SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Help

1/29/2025 15:08:06 PST

To: 18506176383

## Fax: 8134365206

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Page: 2/4

If Changing Registered Agent, Signature of New Registered Agent

Morpha Marketing Solutions LLC				
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears or ted Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability Comp	any were filed on 11/25/	/24	and assigned	
Florida document number L24000493844				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability company here:			
The new name must be distinguishable and contain the words "Limited L	iability Company," the desig	nation "LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u> </u>		
			202	
			JAN	
Enter new mailing address, if applicable:			· <del>Σ</del>	
(Mailing address MAY BE A POST OFFICE BOX)		from the	0 [	
		三元	<b>±</b> 0	
		ر در	ۻ	
B. If amending the registered agent and/or registered offi	ce address on our reco	rds, enter the name o	the new registere	
agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
<u></u>		, Florida		
	Сиу	•	Zip Code	
New Registered Agent's Signature, if changing Registered Age	nt:			
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent of being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of my is provided for in Chap	duties, and I am famotier 605, F.S. Or, if to	iliar with and his document is	

1/29/2025,15:08:06 PST To. 18506176383 Page: 3/4 Fax: 8134365206

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
MGR	HOOP, JOSHUA F	3833 POWERLINE ROAD SUITE 201	□Add
		FORT LAUDERDALE, FL 33309	ØRemove
			□Change
MGR	HOPP, JOSHUA F	3833 POWERLINE ROAD SUITE 201	
		FORT LAUDERDALE, FL 33309	Remove
			Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			□ Change
			□Add
			DRemove
			□Change
			□Add
			□Remove
			□Change

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Effective date, if other than the an effective date is listed, the date mote:  If the date inserted in this becament's effective date on the I	ist be specific and lock does not n	cannot be prior to sect the applical	o date of filing or a ble statutory fili	(n) nore than 90 days a ag requirements,	ptional) fler filing.) Pursuant this date will not b	to 605,020 be listed as
record specifies a delayed effecti is filed.	ve date, but not	an effective tim	ne, at 12:01 a.m.	on the earlier of	: (b) The 90th da	y after the
		2005				
ated January 29	,	2025	_ •			
ated January 29		2025				_