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COVER LETTER

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	egistration Se vision of Cor				
SUBJECT		ffice of Brian Morrison, Charte	ered		
SUBJECT	·	Name of Lim	ited Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	m all correspo	ndence concerning this matter	to the following:		
		Brian Morrison			
		.	Name of Person		
		The Law Office of Brian M	Aorrison, Chartered		
		·	Firm/Company		
		1200 Platt Street, Suite 100)		
			Address		
		Tampa, Florida 33606			
			City/State and Zip Code		
		mschoeb@bmmslaw.com		· · · · · · · · · · · · · · · · · · ·	
			to be used for future annual r	report notification)	
For further	information co	oncerning this matter, please co	all:		
Marie Scho	oeb			-2385	
	Name o	f Person	at () Area Code	Daytime Teleph	one Number
Enclosed 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 encl		1 \$60.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Law Office of Brian Morrison, Chartered (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 August 16, 2017 and assigned Florida document number L17000175046 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The Law Offices of Morrison & Schoeb, Chartered The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Same as before (1200 West Platt Street, Suite 100, Enter new principal offices address, if applicable: Tampa, FL 33606) (Principal office address MUST BE A STREET ADDRESS) Same as before (1200 West Platt Street, Suite 100, Enter new mailing address, if applicable: Tampa, FL 33606) (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: Marie Sartiano Schoeb Name of New Registered Agent: 1200 West Platt Street, Suite 100 New Registered Office Address: Enter Florida street address Florida 33606 Tampa Cirv

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGR Marie Sartiano Schoeb		1200 West Platt Street Suite 100	= Add		
		Tampa, FL 33606	Remove		
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