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COVER LETTER

го:	Registration Sec Division of Cor		·									
		fice of Brian Morrison, Charte	red									
Name of Limited Liability Company												
The end	closed Articles of .	Amendment and fee(s) are subt	mitted for filing.									
Please	return all correspo	ndence concerning this matter	to the following:									
		Brian Morrison										
			Name of Person									
		The Law Office of Brian M	lorrison									
			Firm/Company									
1200 W. Platt St. Ste. 100 Address Tampa, FL 33606												
							City/State and Zip Code brian@brianmorrisonlaw.com					
							E-mail address: (t	o be used for future annual report n	otification)			
For fur	ther information co	oncerning this matter, please ca	ill:									
Marie :	Sartiano Schoeb		813 853-5652 at ()									
	Name of	Person	Area Code Dayt	ime Telephone Number								
Enclose	ed is a check for th	e following amount:										
■ \$2:	5.00 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:

TO:

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			
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our nited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Comp.	and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		59. 79	
Principal office address MUST BE A STREET ADDRESS	<u>s)</u>		
		20	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		6: 2	
	U\		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ecords, enter the name of the ne	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street	address	
	, 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>	<u>Address</u>	Type of Action
AMBR	Marie Sartiano Schoeb	3302 N. Tampa St.	
AMDK			Add
		Tampa, FL 33603	
			Remove
			Add
			Remove
			☐ Change
			Add
			□ Remove
			Change
	 		
			□ Remove
			Change
			Add
			□ Remove
			
			Add
			□ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated Opril 8 . 2019 . Signature of a member or authorized representative of a member
Marie Sartiano Schoeb

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Typed or printed name of signee

Filing Fee: \$25.00