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TO:	Registration Se Division of Cor			
CUBIE		entures I, L. C.		
SUBJE	CI:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Laird A. Lile, Esq.		
			Name of Person	
		Laird A. Lile, PLLC		
			Firm/Company	
		3033 Riviera Drive, Suite	104	
			Address	
		Naples, FL 34103		
			City/State and Zip Code	····
		LLile@LairdALile.com		
		E-mail address: (to be used for future annual report notifi	ication)
For furt	her information c	oncerning this matter, please ca	all:	
Laird A	. Lile, Esq.		239 649.7778 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d 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 enclosed)	□ \$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

Morgan Ventures I, L. C.		
(Name of the Limited L (A F	iability Company as it now appears on our recording Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liabil Florida document number L01000002363	ity Company were filed on February 24, 20	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
Morgan Ventures I, LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	.: N/A	
(Principal office address MUST BE A STREET A		GOD COLUMN
		- 20 mm
		o l
Enter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OFFICE BO.	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	•	ds, enter the name of the ne
rame of frew registered Agent.		
New Registered Office Address:	Enter Florida street addre	ess
_	, F	Ilorida
	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 = Ma $AMBR = Au$	nnager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Add
			□ Remove
			Change
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