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SECRETARY OF STATE

C. LEWIS

MAY -8 009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MORRISON ENTERPRISES LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
CHRIS MORRISON Name of Person MORRISON ENTERPRISES Firm/Company
Name of Person
MORRISON ENTERPRISES
Firm/Company
76 Wildwood St Address
Address
NICEVILLE, FL 32578
NICEVILLE, FL 32578 City/State and Zip Code MOSSISSON 13 @ Cox, net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chris Morrison at (850) 699 2100
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S30.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\$\$ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\$\$\$ \$Certified Copy (additional copy is enclosed)} \text{\$\$\$\$} \$

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

FILED

2009 MAY -7 PM 1:31

MURAISON ENTER (Name of the Limited Liability Compa (A Florida Limited L	PRISES LLC ny as it now appears on our record	SECRETARY OF STATE S.TALLAHASSEE, FLORID
(A Florida Limited L The Articles of Organization for this Limited Liability Company Florida document number <u>L0400053675</u> .	were filed on $\frac{1}{4}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab ORLISON ONSTRU The new name must be distinguishable and end with the words "Limi" L.L.C."		tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	SAME	
(Principal office address MUST BE A STREET ADDRESS)		······································
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of	SAME Sice address on our records, e	nter the name of the new
registered agent and/or the new registered office address her		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
	, Flori 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

	Name	Address	Type of Action
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f amen	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessa	ry.)
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Filing Fee: \$25.00