## L07000003634

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**EXAMINER** 

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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT:	MORG 02, L	lC			
	· · · · · · · · · · · · · · · · · · ·	ited Liability Company)			
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondence concerning this matter to the following:					
	PAUL W.	MORGAN			
		(Name of Person)	TARECARI TARECARI		
	MORG 02	, L.L.C. (Firm/Company)	HASE T		
			SEC P		
	114 Camphox	(Tree Lane	A IO 14		
			是 三		
ALTAMONTE SIRINGS, FL 32714 City/State and Zip Code)					
		(City/State and Zip Code)			
For further information concerning this matter, please call:					
Ross	Maccal	at (407) 539-1	1579		
(Name	of Person)	(Area Code & Daytime	Telephone Number)		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)		
Regis Divis P.O. 1	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MORG 02, L	LC		
(Name of the Limited Liability Compa (A Florida Limited)	nny as it now appears on o Liability Company)	our records.	
The Articles of Organization for this Limited Liability Company Florida document number <u>Lo7000003634</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," t	he designation	
Enter new principal offices address, if applicable:		TAR ASS	
(Principal office address MUST BE A STREET ADDRESS)		EFY → M	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TIORIDA .	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		ecords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	(Enter F	lorida street address)	
	, Florida		
<del></del>	(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 MGRM = Managing Member <u>Title</u> **Address Type of Action** <u>Name</u> PAUL W. MORGAD MGR 114 Comphor Tree Love DUTAMONTE SPRINGS, FL 32714 MGR BRETT E. MORGON PAUL W. MORGAN Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove Dated September 29 Signature of a member or authorized representative of a member PRUL W. MORGAA

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00