| (Re                                     | questor's Name)    |           |  |
|---|--------------------|-----------|--|
| <b>V</b>                                | ,                  |           |  |
| (Ad                                     | dress)             |           |  |
|   |                    |           |  |
| (Ad                                     | dress)             |           |  |
|   |                    |           |  |
| (Cit                                    | ty/State/Zip/Phone | #)        |  |
| , PICK-UP                               | ☐ WAIT             | MAIL      |  |
| •                                       |                    |           |  |
| (Bu                                     | siness Entity Nam  | e)        |  |
|   |                    |           |  |
| (Do                                     | cument Number)     |           |  |
| Certified Copies                        | Certificates       | of Status |  |
| Special Instructions to Filing Officer: |                    |           |  |
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Office Use Only

G. MCLEOD

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EXAMINER



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## **COVER LETTER**

| TO: Registration So<br>Division of Cor                                  |   |  | <b></b> 5   |  |  |
|---|---|--|---|--|--|
| SUBJECT:  | MORG 03, (Name of Limi                      | LLC<br>ited Liability Company)                                     |   |  |  |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |   |  |   |  |  |
| Please return all correspo  | ondence concerning this matter              | to the following:  |   |  |  |
|   | PAUL W.                                     | (Name of Person)   |   |  |  |
|   |   |  |   |  |  |
|   | 114 Comp                                    | (Firm/Company)  LOR Tree Lawe (Address)                            |   |  |  |
|   | ALTAMONTE                                   | Springs, FL 37<br>(City/State and Zip Code)                        | 7(4   |  |  |
| For further information concerning this matter, please call:            |   |  |   |  |  |
| BRETT E. (Name  | MURGAN of Person)                           | at ( <u>407</u> ) <u>539 - 453</u><br>(Area Code & Daytime Te      | elephone Number)  |  |  |
| Enclosed is a check for the   | he 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) |  |  |
|   |   |  | ŧ   |  |  |

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

| MORG 03,   |  |   |  |  |
|--|--|---|--|--|
| ( <u>Name of the Limited Liability</u><br>(A Florida L   | Company as it now appears of imited Liability Company) | n our records.)                             |  |  |
| The Articles of Organization for this Limited Liability Co. Florida document number <u>LO800088558</u> | ompany were filed on9                                  | /17/08 and assigned                         |  |  |
| This amendment is submitted to amend the following:  |  |   |  |  |
| A. If amending name, enter the new name of the limit   | ted liability company here:                            |   |  |  |
| The new name must be distinguishable and end with the worn   | ds "Limited Liability Company                          | " the designation "LLC" or the abbreviation |  |  |
| "L.L.C."   | as billinea blacking company.                          | C Z   |  |  |
| Enter new principal offices address, if applicable:  | <del></del>  | )8 0<br>1510                                |  |  |
| (Principal office address MUST BE A STREET ADDR  | ESS)   | 2 *E  |  |  |
|  |  | <u> </u>                                    |  |  |
|  |  |   |  |  |
| Enter new mailing address, if applicable:  |  | 2: 2  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | <b>6</b> 50                                 |  |  |
| B. If amending the registered agent and/or registered agent and/or the new registered office address   |  | records, enter the name of the new          |  |  |
| 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 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 Type of Action **Address** <u>Title</u> <u>Name</u> BRETT E MORGAN 8700 PLA DR #933 ORLANDO FL 32810 MGR PAUL S. MORGON 8021 WOODFARE COURT Add Remove PAUL W. MORGAN Add 📋 Remove ☐ Add ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated September 29 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00