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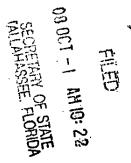
(Re	questor's Name)			
(Äd	ldress)			
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PICK-UP	☐ WAIT	MAIL		
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M. THOMAS

EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co		•		
SUBJECT: MORG 04: LLC (Name of Limited Liability Company)				
	(Name of Limi	ted Liability Company)		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	PAUL W.	MORGAN (Name of Person)	<del> </del>	
		(Name of Person)		
	MORG 04	'. L1_C		
		(Firm/Company)		
	114 Comp	(Firm/Company)  LOR Tree Lawe (Address)	98 OCT -1 AM 0: 228 RECARRESPORT STATE 7.14	
		(Address)	985 <b>-</b> U	
ALTAMONTE SPRINGS, FL 32714  (City/State and Zip Code)				
		(City/State and Zip Code)		
For further information of	concerning this matter, please ca	all:	₫m m	
BRETT E.	MORGAN	at (407 ) 539 - 453	39	
(Name	of Person)	at (407) 539 - 453 (Area Code & Daytime T	elephone Number)	
Enclosed is a check for t	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)	

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 04, 0	LC				
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)					
The Articles of Organization for this Limited Liabilit Florida document number	ty Company were filed on9/	17/08 and assigned			
This amendment is submitted to amend the following	3:				
A. If amending name, enter the new name of the	limited liability company here:				
		<u></u>			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," t	he designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AL	DDRESS)				
Enter new mailing address, if applicable:		· 是是 · · · · · · · · · · · · · · · · ·			
(Mailing address MAY BE A POST OFFICE BOX					
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ecords, enter the name of the new			
Name of New Registered Agent:					
New Registered Office Address:		19 · Y			
	(Enter Florida street address)				
	(City)	, Florida (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 Title Name **Address** Type of Action BRETT E MORGAN 8700 PUA DR #933 ORLAHO FL 32810 MGR PAUL S. MORGAN 8021 WOODFARE COURT Add ORLOVDO FL 32817 Rem ☐ Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 29 Signature of a member or authorized representative of a member Poul W. More of signee

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00