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. (Requ	uestor's Name)	
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EXAMINER



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SECRETARY OF STATE
ALLAHASSEE, FI ORIDA

COVER LETTER

TO:	Registration Secti Division of Corpo				
SUBJE	CT •	Morgan	Crossing LLC		
ЗОВЗЕ	c I		ited Liability Company		
•					
The enc	losed Articles of Ar	nendment and fee(s) are su	bmitted for filing.		
Please r	eturn all correspond	ence concerning this matte	r to the following:		
			Andrew M. Reed, Esq.		_
			Name of Person		
				····	-
			Firm/Company		
			1828 S. Florida Ave.		-
			Address		
			Lakeland, FL 33803		_
			City/State and Zip Code		
		E-mail address: (ndy@polklawyer.com to be used for future annual report	notification)	
For furt	her information con	cerning this matter, please	call:		
	Andrew i	M. Reed, Esq.	at (_863_)		
	Name of P	erson	Area Code & Da	ytime Telephone Numbe	:r
Enclose	d 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 encl	osed) Certifie	ate of Status &

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

(Name of the Limite	Morgan Cro	ssing LLC	s on our records.)	
(Name of the Limiter	A Florida Limited 1	iability Company)	, , , , , , , , , , , , , , , , , , ,	
The Articles of Organization for this Limited L	iability Company	were filed on	04/29/2009	and assigned
Florida document numberL090004	<u>1643 </u> .			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company her	<u>e</u> :	e e Marie e al Can
The new name must be distinguishable and end w	th the words "Lim	ited Liability Compa	my," the designation "L	LC" or the abbreviation
"L.L.C."				
Enter new principal offices address, if applicable:		1828 S. Florid	da Ave.	
(Principal office address MUST BE A STRE	ET ADDRESS)	Lakeland, FL	33803	Pres
Enter new mailing address, if applicable:		1828 S. Florid	da Ave.	FIL BECRETAR LLAHASS
(Mailing address MAY BE A POST OFFICE	BOX)	Lakeland, FL	33803	
B. If amending the registered agent and registered agent and/or the new registered o			our records, enter f	The name of the new
Name of New Registered Agent:	Andrew M.	Reed, Esq.		
New Registered Office Address:	1828 S. Flo			
	En	ter Florida street addi	ress	
		Lakeland	, Florida	33803
		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 Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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

<u>tle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
-			
			Add Remove
			======================================
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If amer	ding any other information, enter c	hange(s) here: (Attach additional shee	ets, if necessary.)
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ted	September 39	2011	o P .
		Authoris	ed Representative
	igniture of	inber of authorized representative of a me	ember ,

Page 2 of 2

Filing Fee: \$25.00