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## **COVER LETTER**

то:	Registration Se Division of Cor						
CHRII		Property Group, LLC.					
SUBJECT:Name of Limited Liability Company							
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
		Jackye Morris, Jr.					
		-	Name of Person				
		The Morris Property Group	o, LLC.				
		·	Firm/Company				
		16760 Cedar Crest Dr.					
		-	Address	<del> </del>			
		Orlando, FL 32828					
			City/State and Zip Code				
		Jack@TheMorrisPropertyG	•				
		E-mail address! (	to be used for future annual report	notification)			
For fu	rther information c	oncerning this matter, please co	111:				
Jackyo	Morris, Jr.		407 512-467-	1			
	Name o	f Person	at ()	vtime Telephone Number			
Enclos	sed is a check for t	he following amount:					
<b>≡</b> \$2	5.00 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, Ft. 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

The Morris Property Group, LLC.		
(Name of the Limited (A	Liability Company as it now appears on our recor Florida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liab Florida document number L09000058742	ility Company were filed on June 17, 2009	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	de:	E SE
Principal office address MUST BE A STREET	ADDRESS)	SECTION OF THE
Enter new mailing address, if applicable:		PH 1: 31
Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		ds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	une.
•	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Krista N. Price	16760 Cedar Crest Dr.	
		Orlando, FL 32828	□ Remove
			Change
			□ Add
			□ Remove
			Change
	<del></del>		
			☐ Remove
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(If an effective date is list	ther than the date of sted, the date must be specif serted in this block does e date on the Departmen	fic and cannot be prio not meet the appli	cable statutory filin	( <b>option:</b> ore than 90 days after fili g requirements, this da	ing.) Pursuant to 605.	0207 (3 d as th
			ot an offective t	ime, at 12:01 a.n	n. on the earlie	r of:
document's effective the record specifi	es a delayed effecti after the record is fi		ot an enective t	-1		
the record specification of the second specification (Complete Modern London)				,,,,,,,		
document's effective the record specification.  The 90th day a		iled.				

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Filing Fee: \$25.00