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TALLAHASSEE, FLORIDA

J. BRYAN
NOV 13 2009
EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Morgan Family Trust, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Jamie Villanueva
Name of Person

Firm/Company

8545 Commodity Circle
Address

Orlando, FL 32819
City/State and Zip Code

jamie.villanueva@srobertslaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamie Villanueva at (321) 206-4734
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)

☐ $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

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TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Morgan Family Trust, LLC

(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 Liability Company were filed on 10/12/09 and assigned Florida document number L09000098497.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1017 Pond Apple Court
Oviedo, FL 32765

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

7512 Dr. Phillips Blvd.
Suite 50-172
Orlando, FL 32819

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: American Land Trusts, Inc. c/o Marie Rogers

New Registered Office Address: 1017 Pond Apple Court
Enter Florida street address

Oviedo, **Florida** 32765
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.

Marie Rogers
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
MGR	Merritt Family Trust c/o Vinc	5839 S. Kirkman Road Suite 103-135 Orlando, FL 32819	☐ Add ☑ Remove
MGR	American Land Trusts, Inc	1017 Pond Apple Court Oviedo, FL 32765	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated November, 2009.

Signature of a member or authorized representative of a member

Vincent Guarcello

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: $25.00