## 12000031589

(R	lequestor's Name)				
(A	ddress)				
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(C	City/State/Zip/Phone	e #)			
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(Business Entity Name)					
<u></u>	Ocument Number)				
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## **COVER LETTER**

Division of Co	rporations					
SUBJECT:	LORIE 8	K MORGAN, PL				
SOBJECT:		ted Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
•		ELIZABETH LORIE				
		Name of Person	<del></del>			
	LIZ LORIE	E, ESQ., ATTORNEY AT L	AW			
	Firm/Company					
		5558 109th Terrace				
		Address				
	Di	nellas Park, FL 33782				
	<u> </u>	City/State and Zip Code				
		lizlorie@gmail.com				
	E-mail address: (	lizlorie@gmail.com to be used for future annual report noti	fication)			
For further information	concerning this matter, please of	call:				
		1040	007 0700			
Name	Liz Lorie of Person	at (* 310 ) Area Code & Daytin	ne Telephone Number			
Hame	01103011	Then could be buy in	ie i stephone i danie.			
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:** 

TO:

**Registration Section** 

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

	<u>LORIE &amp; MO</u>	RGAN, PL				
(Name of the Limited	Liability Compan Florida Limited L	i <u>y as it now appea</u> iability Company)	rs on our records.)			
· ·		,				
The Articles of Organization for this Limited L	iability Company	were filed on	March 5, 2012	and as	signed	
Florida document number L12000031589						
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	f the limited liabi	lity company her	re:			
	LIZ LORIE	E, P.L.				
The new name must be distinguishable and end wi "L.L.C."	th the words "Limit	ed Liability Comp	any," the designation "	LLC" or the	abbreviation	
Enter new principal offices address, if applicable:		Liz Lorie, Es	q			
(Principal office address MUST BE A STREE	ET ADDRESS)	5558 109th Terrace				
	Pinellas Park, FL 33782					
Enter new mailing address, if applicable:		Liz Lorie, Es	۹۰			
(Mailing address MAY BE A POST OFFICE BOX)		5558 109th Terrace				
		Pinellas Park, FL 33782				
		· · · · · · · · · · · · · · · · · · ·				
B. If amending the registered agent and			our records, <u>enter</u>	Вър пате	of the new	
registered agent and/or the new registered of	ffice address here	<u>e</u> :	1	- S		
				芸艺	eranna Annata	
Name of New Registered Agent:	Liz Lorie, Es	sq.		SR -		
New Registered Office Address:	5558 109th	Terrace				
		Ei	nter Florida street ad	~~~~		
	Pir	neilas Park	, Florida	3578	32	
	City	, , , , , , , , , , , , , , , , , , , ,	Zip Coa	le		

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

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 MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** MGRM Elizabeth Lorie 5558 109th Terrace **✓** Add Remove Pinellas Park, FL 33782 Laura Morgan □ Add 1701 Park Center Drive Orlando, FL 32835 ✓ Remove ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 1 2012 Dated \_\_\_\_\_ Signature of a member of authorized representative of a member Elizabeth Lorie

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee