

L12000103303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

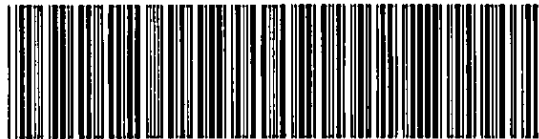
(Document Number)

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S TALLENT

JUN 25 2020

2020 JUN 25 PM 4:49

*Handwritten signature*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 15, 2020

JERRY DODSON  
HILLSIDE CONSULTING LLC  
4339 ROOSEVELT BLVD, #400  
JACKSONVILLE, FL 32210

SUBJECT: HILLSIDE CONSULTING LLC  
Ref. Number: L12000103303

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 020A00011762

2020 JUN 15 4:29

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HILLSIDE CONSULTING 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:

JERRY DODSON  
Name of Person

HILLSIDE CONSULTING LLC  
Firm/Company

4339 ROOSEVELT BLVD, # 400  
Address

JACKSONVILLE, FL 32210  
City/State and Zip Code

JDODSON@HICKORYFEEDS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JERRY DODSON at (904) 482 19 30  
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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

HILLSIDE CONSULTING 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 08/09/2012 and assigned  
Florida document number L12000103303.

This amendment is submitted to amend the following:

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

MORRIS RANCH LLC

The new name must be distinguishable and contain 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)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

*Enter Florida street address*

Florida

*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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>WA MORRIS INC</u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>BILLY MORRIS</u>	<u>P.O Box 41123</u>	<input checked="" type="checkbox"/> Add
		<u>JACKSONVILLE, FL 32203</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>JOHN MORRIS</u>	<u>P.O. box 41123</u>	<input checked="" type="checkbox"/> Add
		<u>JACKSONVILLE, FL 32203</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 6/23/2020, 1st

\_\_\_\_\_

a member or authorized rep

\_\_\_\_\_

JERRY DODSON  
Typed or printed name of signee