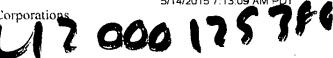
5/14/2015 7:13:09 AM PDT

13239628300 From: Amanda Sando Page I of I



Florida Department of State Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

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COVER LETTER

TO:	Registration Se Division of Cor			
ave in		TY LINE PARTNERSHIP I	L.L.C.	
SUBJECT: Name of Limited Liab			ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	return all correspo	ndence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		100 W. Broadway Suite	100	
			Address	
		Glendale, CA 91210		
			City/State and Zip Code	
		morris_208@msn.com E-mail address: (to be used for future annual report notif	ication)
For furt	ther information o	oncerning this matter, please c	all:	
Imelda	a Vasquez	•	323 962-8600 e	
	Name o	f Person	Area Code Daytime	· Telephone Number
Enclose	ed is a check for th	e following amount:		
□ \$ 25	i.00 Filing Fec	□ \$30.00 Filing Fee & Certificate of Status	S55.80 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registe Divisio P.O. B	ING ADDRESS: ation Section in of Corporations ox 6327 issee, FL 32314	STREET/COUR! Registration Sectlo Division of Corpor Clifton Building 2661 Executive Ce	n ations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	mpany as it now appears on our records. led Liability Company)	<u>)</u>	
The Articles of Organization for this Limited Liability Comparition of Comparitio			d assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company here:		
Morris Risk Partner's LLC			
The new name must be distinguishable and end with the words "Limited	Liability Company," the designation "LLC	24 1 7	*
Enter new principal offices address, if applicable:			जें जे
(Principal office uddress MUST BE A STREET ADDRESS		25.22	3
ATTICIPAL OFFICE BUSINESS MOST BE A STREET ADDRESS			r
		\$2.5 miles	- 1
Enter new mailing address, if applicable:	····		-
(Mailing address MAY BE A POST OFFICE BOX)		- · ·	<u></u>
		<u> </u>	<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address. Name of New Registered Agent:		enter the na	me of the new
New Registered Office Address:			
	Enter Florida street address		
	Flo	rida	
	City	Zip (ode
New Registered Agent's Signature, if changing Registered Age	e <u>nt:</u>		

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
)#+ 			Add
			☐ Remove
			□ Remove
			□ Add
			☐ Remove
			C Add
			☐ Remove
		,	
			Remove

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

	Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
	Dated May 4 . 2015
	Your llow
	Signature of a member or authorized representative of a member
	Ronnie Morris
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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