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TO: Registration Section Division of Corporations

URIECT, CJ MORGAN, 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:

Gerald Schilian, Esq.

Name of Person

Schilian & Watarz, PA

Firm/Company

7301-A W. Palmetto Pk. Rd., Ste 305C

Address

Boca Raton, FL 33433

City/State and Zip Code

gerschil@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Morgan

Name of Person

725-6137 54 547-3079

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

TO ARTICLES OF ORGANIZATION OF



CJ MORGAN, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A FIGHUA EMILLEU	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L13000017667	y were filed on February	y 4, 2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
CHARLES MORGAN AND JOYCE MORGAN, LL	С	
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," th	e designation "LLC" or the abbreviation
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 of registered agent and/or the new registered office address he Name of New Registered Agent:		cords, enter the name of the nev
New Registered Office Address:		
	Enter Fle	orida street address
		, Florida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and ag the provisions of all statutes relative to the proper and com		

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = M MGRM =	1GR = Manager 1GRM = Managing Member				
<u>Title</u>	Name	Address	Type of Action		
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If amending any other inform	nation, enter change(s) here: (Attach additional sheets, if necessary.)
···	
March 6	2012
_d March 6	2013
Charles	Al our
100	
S Charles Morga	Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00