

6150010002295

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000016507 3)))



H150000165073ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6363

From: Account Name : LEGALZOOM.COM INC.  
Account Number : 120010060062  
Phone : (323) 962-8600  
Fax Number : (323) 962-3889

FILED  
15 JAN 21 PM 4:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DEBORAH MORRIS PROPERTIES, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 06      |
| Estimated Charge      | \$55.00 |

RECEIVED  
15 JAN 20 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

Electronic Filing Menu Corporate Filing Menu

1.866 JAN 22 2015

Jan. 20. 2015 12:23PM

No. 2648 P. 2

**COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT: DEBORAH MORRIS PROPERTIES, 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:

Cheyenne Moseley

\_\_\_\_\_  
Name of Person

Legalzoom.com, Inc.

\_\_\_\_\_  
Firm/Company

100 W. Broadway Suite 100

\_\_\_\_\_  
Address

Glendale, CA 91210

\_\_\_\_\_  
City/State and Zip Code

Deborah@deborahmorrisproperties.com

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

For further information concerning this matter, please call:

Imelda Vasquez

\_\_\_\_\_  
at ( )

323

962-8600 ext 7950

\_\_\_\_\_  
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

Jan. 20. 2015 12:23PM

No. 2648 F. 3

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEBORAH MORRIS PROPERTIES, 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 01/06/2015 and assigned  
Florida document number: L15000002295.

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: 1351 Alafaya Trail, Suite 100  
(Principal office address **MUST BE A STREET ADDRESS**) Oviedo, FL 32765

Enter new mailing address, if applicable: 1351 Alafaya Trail, Suite 100  
(Mailing address **MAY BE A POST OFFICE BOX**) Oviedo, FL 32765

**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: Scott Silvey

New Registered Office Address: 1351 Alafaya Trail, Suite 100  
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 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.

 Scott Silvey  
If Changing Registered Agent, Signature of New Registered Agent

Jan. 20. 2015 12:23PM

No. 2648 P. 4

**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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |

Jan. 20. 2015 12:24PM

No. 2648 P. 5

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

Article IV: Update the address for the authorized member Deborah Lynn Stant Morris

to: 1351 Alafaya Trail, Suite 100, Oviedo, FL 32765

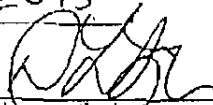
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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

1-20

2015



Signature of a member or authorized representative of a member

Deborah Lynn Stant Morris

Typed or printed name of signee