15000002295

(Regi	uestor's Name)	
(1004)	icator a riame,	
(Addr	ess)	
(/ 10 . 01		
(Addr	ess)	
(City/	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nam	ne)
(Doc	ument Number)	- ·
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



400308585634

02/08/18--01024--012 *+25.00



LEBOS ARRIS

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:
CHARLES MORRIS Name of Person
DEBORAH MORRIS PROPERTIES LLC Firm Company
255 SHADY HOLLOW) Address
CASSELBERRY FL 32707 City State and Zip Code
E-mail address: (10 be used for future annual report notification)
For further information concerning this matter, please call:
CHARLES MORR 15 at (407), 687-8360 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S25.00 Filin

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEBORAH MORRIS	PROPERTIES L	LC	
(<u>Name of the Limited Liab</u> (A Flor	ility Company as it now appea ida Limited Liability Company)	rs on our records,)	
The Articles of Organization for this Limited Liability Florida document number <u>L 150000 229</u>		01/06/2015	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company h	ere:	
DEBORAL MORRIS HOME The new name must be distinguishable and contain the words "L	TEAM , LLC	designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)	* :	<u> </u>
			; ; ;
		• •	(4)
Enter new mailing address, if applicable:			7.1
(Mailing address MAY BE A POST OFFICE BOX)			150
		· ·	(e)
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		n our records, <u>enter t</u> l	ne name of the new
Name of New Registered Agent:			·
New Registered Office Address:		· <u>-</u>	
	Enter Flo	rida street address	
		Florida	
	Οψ.		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>	Address	Type of Action
			□ Remove
			☐ Change
		☐ Remove	
		☐ Change	
		☐ Remove	
		☐ Change	
		☐ Remove	
		☐ Change	
		Add co	
	.	∵ Change	
		O Add	
		□ Remove	
			□ Change

l If ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
(If an <u>Note</u>	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.
Date	d 6 FEBRUARY 2018.
	Signature of a member or authorized representative of a member
	CHARLES A MORRIS Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00