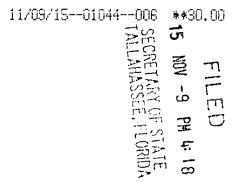
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(Re	equestor's Name)	· · ·
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COVER LETTER

Division of Corp	porations			
CUDIECT.	BY T	HE MORGAN'S LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	М	EMMALATEL MORGAN		
		Name of Person		-
		BY THE MORGAN'S		_
		Firm/Company		
		3916 BOWFIN TRAIL		
	Address			五名
	KISSIMMEE, FL 34746			福 百 十
		City/State and Zip Code		ASSEMINATION OF THE PROPERTY O
		HAELNEDRICK@GMAIL.COM to be used for future annual report notif	ication)	ARY OF
For further information co	oncerning this matter, please c		,	F STATE
, MEMMALATE	EL MORGAN	407 780-8788 at ()		>>, O
Name of	f Person		: Telephone Number	<u> </u>
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

MAILING ADDRESS:

TO:

Registration Section

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

	- · · ·
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
	were filed on 07/06/2015 and assigned
riorida document number	
This amendment is submitted to amend the following:	
is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: If amending name, enter the new name of the limited liability company here: In the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Iter new principal offices address, if applicable: Incipal office address MUST BE A STREET ADDRESS) Iter new mailing address, if applicable: If amending the registered agent and/or registered office address on our records, enter the name of the new distered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	
_	[1]
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the
The state of the s	DRAT F.
Name of New Registered Agent:	D.E. 19
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin Coda

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
AMBR	JOSHUA SEGAL	1682 SWALLOWTAIL LANE	
		SANFORD, FL 32771	Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			Add
			Remove
			Change HASSEL Add E
			FLORIDA Change
			
			□ Remove
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			□ Remove
			☐ Change

[f amending any other information, enter change(s)	nere: (Anach a	aamona sneel	s, y necessi	ury.)		
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	. Hy do dota		_ (optiona	ESS	PH F	ئر
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be plote: If the date inserted in this block does not meet the ap ocument's effective date on the Department of State's reco	prior to date of filing	filing requireme	lays after filir ents, this da	ig') Pürsua	mi to 605.0)2 1 :
e record specifies a delayed effective date, but The 90th day after the record is filed.	: not an effecti	ive time, at 1	2:01 a.m	. on the	e earliei	r :
OCTODED 40						
Pated OCTOBER 28	·					
Signatur of a member or a	authorized represen	tative of a member	т			
MEMMALAT	EL MODGAN					
	orinted name of sign					

Page 3 of 3

Filing Fee: \$25.00