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COVER LETTER

TO: Registration Section Division of Corporation	s			
SUBJECT: 100	Rac Name of Lin	nited Liability Company		
The enclosed Articles of Amendm	ent and fec(s) are sub	omitted for filing.		
Please return all correspondence ed	oncerning this matter	to the following:		
 	Kelli 1	Name of Person		
	Morey	Entropises Firm/Company	L.L.C.	
	150 Sa	th Florida	AVP.	
	Vauch	Wax FL 33	F3 25	التعر التعرب المتاب
	1	to be used for future annual report notif	ication) F	1 P
For further information concerning	this matter, please e	all:	~ ~	
Kelli Mores Name of Person	-	at (<u>A03</u>) 836 Area Code Daytime	2-1510 Telephone Number	
Enclosed is a check for the following	ng amount:			
	00 Filing Fee & rtificate 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:		Street Address:		
Registration Section Division of Corporation	nns	Registration Sec Division of Corp		
P.O. Box 6327		The Centre of Ta		
Tallahassee, FL 32314		2415 N. Monroe	Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Morey Kacina	_L_C	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1500015047</u>	were filed on <u>09 09 15</u> a	nd assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name of the liability of the new name of the new na	5 LLC.	ion "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1150 South Florida Wanching Fr. Come as origina	33.873
Enter new mailing address, if applicable:	Same as ABOUS	
(Mailing address MAY BE A POST OFFICE BOX)	21	<u> </u>
	2	7
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records. enter the name of the	ie now registered
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	
	City Zip	Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familia rovided for in Chapter 605, F.S. Or, if this	ar with and document is

If Changing Registered Agent, Signature of New Registered Agent

<u>or remove</u>	d from our records:		
MGR = 1 AMBR = 1	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Tivpe of Action
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f amend	ling any other information, enter change(s) here: (Attach additional sheets	s, if necessary.)	
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an effecti Sote: If t	date, if other than the date of filing: ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 decide date inserted in this block does not meet the applicable statutory filing requirements of State's records.	_ (optional) lays after filing.) Pursua ents, this date will no	ant to 605.0207 of be listed as
record sp I is filed.	occifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	er of: (b) The 90th	day after the
ated	February 17 2021		
	FOLE 11/10		
	Signature of a member or authorized representative of a member		
	VOII IV DERI		l .