

L16000136670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700296408477

03/10/17--01017--028 **25.00

FILED

17 MAR 28 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

MAR 31 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2017 MAR 28 PM 2:09
TALLAHASSEE, FLORIDA

March 13, 2017

MICAH MORRIS
509 SUWANNEE RD
TYNDALL AFB, FL 32403

SUBJECT: MORRIS PRIME PROPERTIES LLC
Ref. Number: L16000136670

We have received your document for MORRIS PRIME PROPERTIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 817A00004737

FILED
17 MAR 28 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Morris Prime 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:

Micah Morris

Name of Person

Firm/Company

509 Suwannee Rd

Address

Tyndall AFB, FL 32403

City/State and Zip Code

Micah.sedric@gmail.com

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

For further information concerning this matter, please call:

Micah Morris

803 609-0930
at ()

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

FILED
17 MAR 28 PM 1:15
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Morris Prime 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 July 20, 2016 and assigned
Florida document number L16000136670.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

~~390 S. Tyndall Pkwy #258~~

The new name must be distinguishable and contain the words "Limited Liability 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)

390 S. Tyndall Pkwy #258
Panama City, FL 32404

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

390 S. Tyndall Pkwy #258
Panama City, FL 32404

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:

New Registered Office Address:

Enter Florida street address

City, Florida
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

FILED
17 MAR 28 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FL
Zip Code

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Micah Morris	509 Suwannee Rd	<input checked="" type="checkbox"/> Add
		Tyndall AFB, FL 32403	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
MAR 28 11:15
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207(3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated March 8 2017

Miriam Ricci
Signature

Signature of a member or authorized representative of a member

Micah Morris

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00