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## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Morse Construction & Restoration Services LLC SUBJECT: 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: Thomas Morse Name of Person Morse Construction & Restoration Services LLC Firm/Company 1563 Capital Circle SE #337 Address Tallahassee, FL 32301 City/State and Zip Code thomasmorsel@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Thomas Morse Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$55.00 Filing Fee & ☐ \$60,00 Filing Fee, □ \$25.00 Filing Fee **■** \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** 

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Morse Construction & Restoration Services LLC

( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on ou Limited Liability Company)	<u>ir records.</u> )		
The Articles of Organization for this Limited Liability Co	ompany were filed on 8/22/2016	, 	_ and assigned	
Florida document number 1.16000155074	_·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company here:			
Morse Construction LLC				
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designat	ion "LLC" or the abbru	viation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	ESS)		·-, 9	
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Enter new mailing address, if applicable:			ఉ	
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(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	سا ي	_
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B. If amending the registered agent and/or registered	l office address on our records	ान s, enter the name (	ਾ। of the new regis	stered
agent and/or the new registered office address here:				
Name of New Registered Agent:				_
New Registered Office Address:				
	Enter Florida stre	et address		_
		, Florida		
	City	,	Zip Code	
New Registered Agent's Signature, if changing Registered	l Agent:			
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence of accept the obligations of my position as registered ago being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my di gent as provided for in Chapte	ities, and I am far er 605, F.S. Or, if	niliar with and this document i	

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
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effective date is listed, the date: If the date inserted in	ite must be specific ar	nd cannot be prior	to date of filing or	more than 90 days a	fter filing.)	Pursuant vill not	to 605.02 be listed
ument's effective date on							
cord specifies a delayed el	ffective date, but no	ot an effective ti	me, at 12:01 a.m	on the earlier of	(b) The	90th da	av after th
s filed.	,				,		•
<b>.</b>		2024					
ed February 8							

Typed or printed name of signee