

L17000035776

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(City/State/Zip/Phone #)

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(Document Number)

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J. LEGGETT  
FEB 21 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Morgan Insulation Company 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:

Stacy Shawn Morgan  
Name of Person

Morgan Insulation Company LLC  
Firm/Company

14571 104<sup>th</sup> St.  
Address

Live Oak, FL 32060  
City/State and Zip Code

shawn.ecoxft@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacy Shawn Morgan at ( 386 ) 249-0472  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Morgan Insulation Company 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 2/16/07 and assigned  
Florida document number L17000035776.

This amendment is submitted to amend the following:

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

Morgan Tree and Debris, LLC

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)

14571 104<sup>th</sup> St.  
Live Oak, FL 32060

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14571 104<sup>th</sup> St.  
Live Oak, FL 32060

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:

14571 104<sup>th</sup> St.  
Enter Florida street address  
Live Oak, Florida 32060  
City 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Darcy Morgan	14571 104 <sup>th</sup> Street	<input checked="" type="checkbox"/> Add
		Live Oak, FL 32060	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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**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.

  
Signature of a member

Signature of ~~A~~ member or authorized representative of a member

Stacy Shawn Morgan  
Typed or printed name

Typed or printed name of signer