L18000087514

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SECHETARY OF STATE DIVISION OF CORPORATION

M. MILLIGAN APR 19 2018



COVER LETTER

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TO: Registration Section Division of Corporations Morris Environmental and Consultation Name of Limited Liability Company Dear Sir or Madam: The enclosed Statement of Correction and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Travis Morris Name of Person Firm/Company 1360 NW 132 Terrace Address Miami, FL, 33167 City/State and Zip Code travismorris10@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Travis Morris Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee \$55 Filing Fee & \$30 Filing Fee & \$60 Filing Fee.

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CR2E062 (9/15)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

<u>FIRST</u>	<u>r</u> : The na	me of the limited liability company is: Morris E	Environmental and Consultation, LLC.
SECO THIR		The Florida Document number of the limited liabile Document to be corrected is: Articles of O	lity company is: L18000087514 rganization
	Œ	CHECK THE APPROPRIATE BOX AND COM	PLETE THE APPLICABLE STATEMENT
×		ns an incorrect statement. The incorrect statement, ent are as follows:	the reason the statement is incorrect, and the corrected
	The	company name "Morris Environme	ental and Consultation" is incorrect.
	The	name was entered wrong	
	The	The correct name is "Morris Environmental Consulting Services, LLC"	
	OR Was de	efectively signed. The manner in which the docume	nt was defectively signed and the appropriate correction are
_	as follo	ows:	DIVISION C
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	<u>OR</u>	•	SALE OF THE PARTY
	The ele	ectronic transmission of the record was defective.	မီ မွေး
\rightarrow	,	Signature of Authorized Representative	Date
-		w registered agent, if applicable :(NOTE: if correct esignation).	ing the registered agent, the new registered agent must sign
I hereb provisi obligat reflect	oy accept ions of a tions of r	ll statutes relative to the proper and complete performy position as registered agent as provided for in Complete performs to the registered office address. Thereby confirms to the registered office address.	ct in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and accept the hapter 605, F.S. Or, if this document is being filed to merely hat the limited liability company has been notified in writing
		Registered Age	nt's Signature / Authorize Kep.
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)

CDADOCA (O.O.