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COVER LETTER

TO: Registration Section

| Division of Corporations |
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| SUBJECT: MORRS & Son Construction 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: |
| Name of Person |
| MORRIS & Son Construction, LLC |
| 13348 ESTOR DR. Address |
| BROUKSVILL FL 34613 City/State and Zip Code NOTALIC Khun 1 (a) a 200 aid Comp |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: Addic K. Murris at (83 817 516 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$525.00 Filing Fee \$\times \$30.00 Filing Fee & \$\times \$55.00 Filing Fee & \$\times \$60.00 Filing Fee, \$\times \$\text{Certificate of Status} & \$\times \$\text{Certified Copy} & \$Certified Copy |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION | LED

| MORRIS \$. | Son Constanction | JUN -8 AM 8:38 | | | | |
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| (Name of the Limited | Liability Company as it now appears on Florida Limited Liability Company) | por records) | | | | |
| The Articles of Organization for this Limited Liab | **D | 13/2018 and assigned | | | | |
| This amendment is submitted to amend the follow | ing: | | | | | |
| A. If amending name, enter the new name of the | e limited liability company here: | | | | | |
| The new name must be distinguishable and contain the word | SOUP, LLC Is "Limited Liability Company," the design | ation "LLC" or the abbreviation "L.L.C." | | | | |
| Enter new principal offices address, if applicab | le: | | | | | |
| (Principal office address MUST BE A STREET A | ADDRESS) | | | | | |
| | | | | | | |
| Enter new mailing address, if applicable: | , | | | | | |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> | | | | | |
| | <u> </u> | | | | | |
| B. If amending the registered agent and/or reginate agent and/or the new registered office address because it is a second contract that the second contract is a second contract to the second contract the second contract that the second contract t | | ds, enter the name of the new registered | | | | |
| Name of New Registered Agent: | | | | | | |
| New Registered Office Address: | Enter Florida si | treet address | | | | |
| | , Florida | | | | | |
| | 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 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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