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COVER LETTER

	egistration Sec vision of Corp						
	Morgan Hol	dings, LLC					
SUBJECT		Name of Lim	ited Liability Company				
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please retu	n all correspor	ndence concerning this matter	to the following:				
		Gerald F. Herrmann					
Name of Person							
		Treasure Coast Legal					
Firm/Company					_		
100 SW Albany Avenue, Suite 310							
		· · · · · · · · · · · · · · · · · · ·	Address			2	
Stuart, Florida 34994					型型	2021 NOV 12	14 150
			City/State and Zip Code			7	** . y**
		gherrmann@treasurecoastle	•		34		13*** 13*** 13***
			to be used for future annual report noti	lication)		PH 3: 57	e de la companya de l
For further	information co	oncerning this matter, please c	all:		声音	رن ض	
Gerald F. I	Herrmann, Esq.		772 283-2626 at ()		(**)	1	
	Name of	Person		e Telephone Numbe	г		
Enclosed is	a check for th	e following amount:					
■ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status			☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	iling Fed ate of St I Copy I copy is c	atus &	ı	
R D P	ailing Address egistration S ivision of Co O. Box 632 allahassee, F	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 8	310		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Morgan Holdings, 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 10/04/2019 Florida document number L19000250771 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:

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.

Enter Florida street address

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>	Type of Action
nactor	Richard S. Coffman	PO Box 858	□Add
		Aguanga, Ca. 92536	■Remove
			□Change
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