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| PICK-UP WAIT MAIL                       |        |
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| (Business Entity Name)                  |        |
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| (Document Number)                       |        |
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| Certified Copies Certificates of Status |        |
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| Special Instructions to Filing Officer: | $\neg$ |
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T. MATTHEWS FEB 17 2022

## **COVER LETTER**

| TO: Registration Sec<br>Division of Corp |  |   |  |
|--|--|---|--|
| Morgan Hol                               | <del>-</del>                                 |   |  |
| SUBJECT:                                 | Name of Lim                                  | ited Liability Company  | <del></del>  |
|  |  |   |  |
| The enclosed Articles of A               | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please return all correspor              | ndence concerning this matter                | to the following:   |  |
|  | Gerald F. Herrmann, Esq.                     |   |  |
|  |  | Name of Person  |  |
| -  | Treasure Coast Legal                         |   |  |
|  |  | Firm/Company  |  |
| •  | 100 SW Albany Avenue, S                      | Suite 310   |  |
|  |  | Address   |  |
|  | Stuart, Florida 34994                        |   |  |
|  |  | City/State and Zip Code   | <del> </del>   |
|  | gherrmann@treasurecoastle                    | gal.com<br>to be used for future annual report n                    | ari@oorian\  |
| For further information co               | oncerning this matter, please c              | •   | ottireacon,  |
| Gerald F. Herrmann, Esq.                 | -  | 772 283-2626  |  |
| Name of                                  |  | at ()<br>Area Code Dayt   | ime Telephone Number   |
|  |  |   |  |
| Enclosed is a check for the              | e 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 tadditional copy is enclosed) |
| Mailing Address                          | <u>u</u>                                     | <u>Street Address:</u>  |  |
| Registration S                           | Section                                      | Registration S  |  |
| Division of Co<br>P.O. Box 632           |  | Division of C<br>The Centre of                                      | •  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Morgan Holdings, LLC

22 FET -7 Fili2: 23

(Name of the Limited Liability Company as it now appears on our records.)

| (A   | riorida Linnied i | manning Company)          |   |
|--|-------------------|---------------------------|---|
| The Articles of Organization for this Limited Liab Florida document number L19000250771  |                   | were filed on Octobe      | and assigned                              |
| This amendment is submitted to amend the follow  | ing:              |                           |   |
| A. If amending name, enter the new name of th  | ne limited liab   | ility company here:       |   |
| The new name must be distinguishable and contain the word  | ls "Limited Liabi | lity Company." the design | nation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicab   | le:               | 5308 SW Moore Str         | cet                                       |
| Principal office address MUST BE A STREET  |                   | Palm City, Florida 3      | 4990                                      |
|  |                   | 5308 SW Moore Str         | eet                                       |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   |                   | Palm City, Florida 3      | 4990                                      |
| B. If amending the registered agent and/or registered affice address by the new registered office address by the Name of New Registered Agent: |                   |                           | rds, enter the name of the new register   |
| New Registered Office Address:   | 5308 SW Moor      | re Street                 |   |
| New Registered Office Address:   |                   | Enter Florida s           | street address                            |
|  | Palm City         |                           | Florida                                   |
| •  |                   | City                      | Zip Code                                  |

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, Sign | ature 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> | Name | Address | Type of Action |
|--------------|------|---------|----------------|
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