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COVER LETTER

	egistration Sec ivision of Corp				
eud lect	Morrison Ho	ldings LLC			
SUBJECT	;	Name of Limi	ted Liability Company		
The enclos	ed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please retu	m all correspon	dence concerning this matter	to the following:		
		Stephen Morrison			
			Name of Person		
		Morrison Holdings LLC			
			Firm/Company		
		917 Key Way			
			Address		
		Nokomis FL 34275			
			City/State and Zip Code		
		steve@scentsational-produc			
		E-mail address: (t	to be used for future annual rep	ort notification)	
For further	information co	ncerning this matter, please ca	all:		
Stephen M	lorrison		941 400-6	5545	
	Name of	Person		Daytime Telepho	ne Number
Enclosed is	s 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 enclose		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Morrison Holdings LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 11/13/19	and assigned
lorida document number L19000286545	.	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	ited liability company here:	
		201 SE
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or	the appreviation "Like 37
Enter new principal offices address, if applicable:		25 N Paris
Principal office address MUST BE A STREET ADDI	RESS)	
		2: 40
nter new mailing address, if applicable:		· ਜ਼ 0
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered	d office address on our records, <u>enter the</u>	name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent.		<u></u>
New Registered Office Address:	Enter Florida street address	
	Enter r toriaa street address	
	, Florid	Zip Code
	C.,,	Lip Coae

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>	Type of Action
AMBR	Stephen Morrison	917 Key Way	□Add
		Nokomis FL 34275	□Remove
			EChange
AMBR	Amy Morrison	917 Key Way	
		Nokomis FL 34275	□Remove
			SECRETAL DECAME
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			Change
			□Add
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an effective date is listed, the date must be speci	ific and cannot be prior	to date of filing or n	nore than 90 days	after filing.) F	oursuant to	605.020
ote: If the date inserted in this block does ocument's effective date on the Departmen	s not meet the applicant of State's records	able statutory filin	ig requirements.	, this date w	rill not be l	listed a
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