Division of Corporations Electronic Filing Cover Sheet

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(((H20000053651 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : IVAN & DAUGUSTINIS, PLLC

Account Number : I20180000057

: (904)395-2395

Phone

Fax Number

: (904)475-2121

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*

Email	Address:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MORGAN AVENUE RENTAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	525.00

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FEB 1 8 2020

H200000536513

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Cit		Zip Code
	Jacksonville	, Florida 🚆	2256
New Registered Office Address:	2130 Bellott Road, De	Enter Florida street address	
Name of New Registered Agent:	5150 Beifort Road, Bu		
	Ivan & Daugustinis, PI	_LC	
B. If amending the registered agent and/or in a second and/or the new registered office addre	registered office address ss here:	s on our records, <u>enter the na</u>	me of the new registered
			55.7
(Mailing address MAY BE A POST OFFICE BOX)			
Enter new mailing address, if applicable:			ZOZO FEI
			2021 TAL
(Principal office address MUST BE A STREI	ET ADDRESSI		
Enter new principal offices address, if applic			
The new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation "LLC" or the	abbreviation "L.L.C."
A. If amending name, enter the new name of	of the limited liability co	mpany here:	
This amendment is submitted to amend the fol-	lowing:		
Florida document number L20000020649	<u> </u>		
The Articles of Organization for this Limited I	iability Company were f	iled on	and assigned
(Name of the Lim	ited Liability Company as It	now appears on our records.) Company)	
MORGAN A VENUE RENTAL L	LC		

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

H20000053651 3
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Rcmove
			□Change
			OAdd
			Remove
			OChange
			□Add

_ Change

	EiN: 84-4271622
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<u>ote:</u>	ve date, if other than the date of filing: (optional) white date is listed, the date must be specific and connect be juler to date of filling or more than 90 days after filing.) Pursuant to 605.0207 If the date inscribed in this block does not meet the applicable statutory filling requirements, this date will not be listed as int's effective date on the Department of State's records.
ceord is (No	specifies a delayed effective date; but not an offective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted_	February 17, 2020.
	Regina Premil Typed or priviled value of a specification of a member

Filing Fce: \$25.00