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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT: MOYYIS	S Cuts Proper	ted Liability Company	UC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Name of Person	
	Morris Cut	5 Property Mar	ragement LLC
	1165A Role	and Rd Address	<u> </u>
	Chipley F	1 32428 City/State and Zip Code	
	CMONISTRATE	g Mail, Co m	morriscuts 2020 @gma
For further information co	oncerning this matter, please ca		,
Christopher Name of	R. Morris Person	at (<u>850</u>) <u>573</u> Area Code Daytime	e Telephone Number
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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration Sec	ction
Division of Co P.O. Box 632	orporations	Division of Cor The Centre of T	porations
2 . O . DON 054	-	ine Centre of 1	بية بها ال الراقعة (عجب ما جد عليه المعالم عجب ما يتنا المعالم عجب ما يتنا المعالم عجب ما يتنا المعالم عجب ما

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Morris Cuts Prope	rty Manageme	
(<u>Name of the Limited Libabi</u> (A Florid	lity Company as it now appears of da Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Florida document number $\frac{L2000171100}{}$	Company were filed on 19.	19 2020 and assigned : :: :: :: :: :: :: :: :: :: :: :: ::
This amendment is submitted to amend the following:		ယ ယ
A. If amending name, enter the new name of the lin	nited liability company here	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
	City	, Florida 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
MGR	Christopher R Morris	1145A Roland Rd.	ŒAdd
		Chipley FL 32428	□Remove
		•	□Change
AMBR	Tyler A Morris	1165A Roland Rd	□Add
		Chipley Fr 32428	□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Change

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