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Special Instructions to	Filing Officer:	

Office Use Only



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RECEIVED JUL 2 7 2020

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COVER LETTER

TO:

Registration Section Division of Corporations

Summer. Mass	y Motivated Ll	C.	•
SUBJECT: THOME	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Marqui	S McWair Name of Person	
		Firm/Company	
	2223 - 224	7th 1 =	
	2331 NW 4	7 th AVE Address	
	Lauran chill c	7 27317	
	Lactock Fill, F	FL 33313 City/State and Zip Code	
	Marquis, man	Jair a author (cox	ication)
For further information c	oncerning this matter, please ca	ıll:	
Marquis Mc Name o	NCii C i Person	at (954) 770 Area Code Daytime	1479 Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee c Street, Suite 810

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

ARTICLES OF		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	THED RES
The Articles of Organization for this Limited Liability Company v	vere filed on	and assigned
Florida document number <u>L20000192532</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil		
Morey Motivated Kingz LLC The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or t	he 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 acagent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street 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.

City

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□ Remove
			□Change
			Change
			□ Remove
			☐ Change
		□A	
			□Remove
			Change
			□ Add
			□Remove

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lf an effe <u>Note:</u>	the date, if other than the date of filing:
ne rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
Dated _	July 18 2020
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	KINA house Market

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