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COVER LETTER

TO: Registration Section
Division of Corporations

MORGA SUBJECT:	N GALLAGHER ENTERPRISE	S, LLC ,			
NORDET.	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	oondence concerning this matter	to the following:			
	Joseph Gallagher				
		Name of Person			
	Morgan Gallagher Enterpr	ises, LLC			
		Firm/Company			
	2795 Jolena Drive				
		Address			
	Melbourne, FL 32935				
		City/State and Zip Code			
	jgallagher62669@yahoo.co				
	E-mail address: (to be used for future annual report notific	ation)		
For further information	concerning this matter, please co	all:			
Joseph Gallagher		321 431-2380			
Name	of Person	Area Code Daytime T	Felephone Number		
Enclosed is 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 enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is englished)		
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 527	Street Address: Registration Section Division of Corporate Centre of Tall 2415 N. Monroe Stallahassee, FL 3	orations Ilahassee Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MORGAN GALLAGHER ENTER	RPRISES, LLC	
(Name of the Limi	ted Liability Company as it now appears on our recor (A Florida Limited Liability Company)	rds.)
The Articles of Organization for this Limited L. Florida document number	iability Company were filed on 08/24/2020	and assigned
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli-	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE		
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our records, <u>ente</u> ess here:	er the name of the new registers
Name of New Registered Agent:	Joseph Gallagher	
New Registered Office Address:	2795 Jolena Drive Enter Florida street addr	ess SS F
		Florida 329355
	City	17th Codes

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-E.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 femoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Audrey M Gallagher	2795 Jolena Drive	□Add
-		Melbourne, Fl. 32935	■Remove
			□Change
			□Add
		<u></u>	□Remove
			☐ Change
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cument's effective date on	the Department o	of State's records.	one statutory in	ng requirements, t	nis date win nor	be fisted as
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is filed.	nective date. But i	ioi an enecike iii	ne, at 12.01 a.m	on the earner of.	(6) The 90th da	iy anter me
August 24		2022		/		
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	Signature of	a unduber or author	dzed representativ	e of a member		_