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10/11/20

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BRYAN MORFORD, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
BRYAN MORFORD Name of Person
BRYAN MORFORD, LLC Firm/Company
1957 SPRUCE CREEK C.R. N.
PORT ORANGE FL 32128 City/State and Zip Code
BLYAN MOLFOLD @ GMAIL.COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
BRYAN MORFORD at (386) 299-1/3/ Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

Liability Company as it now appears on our records.)
Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	oility Company v	vere filed on	11.18.20	and assigned
Florida document number <u>L 200036</u>	3 494			
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	he limited liabil	ity company he	<u>re</u> :	
BRYAN The new name must be distinguishable and contain the word	MORFO	RD LL		
The new name must be distinguishable and comain the word	ds "Limited Liabilit	y Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab (Principal office address MUST BE A STREET	ole: SAME	1957	SPRUCE (REEK (IR. N.
(Principal office address MUST BE A STREET	<u>ADDKESS)</u>	7000	~~ , . ·	-22
Enter new mailing address, if applicable: SA (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or regagent and/or the new registered office address	istered office ac	ddress on our re		TK CIR. N. FL 32/28 me of the new registere
Name of New Registered Agent:	BRY	AN Mos	RFORD	<u> </u>
New Registered Office Address:	1957	SALUCE	RFORD CREEK CIA ida street address	2. H. ==================================
	PORT OF	Enter Flor	da street address Florida	32/28 E. Zip Code E.
		City		Zip Code
New Registered Agent's Signature, if changing Re	gistered 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.

SAME AGZIT

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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
	SAME MANAGAL BRYAN MORFORD		□Add
	0944 11102 02		□Remove
			□Change
			□Add
			□Remove
			□Change
·			□Add
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Note: If the date in	other than the date of filing: (optional) listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as we date on the Department of State's records.
ecord is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated AP	RIL 14, 292/. Signature of a member or authorized representative of a member BRYAN MORERA Typed or printed name of signee
	1-N/-1-
	Signature of a member or authorized representative of a member
	BRYAN MORFORD