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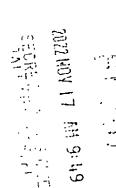
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COVER LETTER

TO:

Registration Section Division of Corporations

(MARZER	MORR	FL INVEST, LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JULIA C. MCKILLOP, E	SQ.		
		Name of Person		
	MCKILLOP LAW FIRM,	P.I		
		Firm/Company		
7563 PHILIPS HIGHWAY, BUILDING 500				
Address				دم .
		2022 NOV 17 SEGRETA		
		City/State and Zip Code		그린 무
	JULIA@MCKILLOPLAW			
	E-mail address: (to be used for future annual report notif	fication)	
For further information c	oncerning this matter, please c	all:		6116
JULIA C. MCKILLOP, ESQ.		904 503-3893 at ()		
Name o	l Person	Area Code Daytimo	e Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T	porations	0
Tallahassee,	とし 52514	Z4TO IN. IVIODEO	e ancer, amic or	17

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MORR FL I	NVEST, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears liability Company)	on our records.)	·
The Articles of Organization for this Limited Liability Company Florida document number $\frac{-1.21000169418}{-1.21000169418}$.	were filed on	4/12/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de-	signation "LLC" or the ab	obreviation "L.L.C.
Enter new principal offices address, if applicable:	1718 CAPETOL	AVENUE	
(Principal office address MUST BE A STREET ADDRESS)	CHEYENNE, W	Y 82001	[Fig. 92]
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1718 CAPITOL .		99
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our re	cords, <u>enter the nan</u>	ie of the new registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	la street address	
		, Florida	
	City		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 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
AMBR	JSAS LEGACY HOLDING, LLC	1309 COFFEEN AVENUE, SUITE 1200	□Add
		SHERIDAN, WY 82801	≣Remove
			□Change
AMBR	COOL SHADE, LLC	1718 CAPITOL AVENUE	= Add
		CHEYENNE, WY 82001	□Remove
			SECRETE DAME
			Remove S
			□Cltinge
			[]Remove
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Effective date, if other the Han effective date is listed, the Note: If the date inserted in document's effective date o	date must be specific and on this block does not mo	cannot be prior to da eet the applicable	te of filing or more than statutory filing requir	(optional) 90 days after filing, rements, this date) Pursuant to 605.1 will not be listed
e record specifies a delayed rd is filed.	effective date, but not a	an effective time, ;	at 12:91 a.m. on the c	arlier of: (b) Th	e 90th day after
Dated November	-15	2022			
		Lek-			<u>_</u>
			I representative of a me		

Filing Fee: \$25.00