

121000199286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

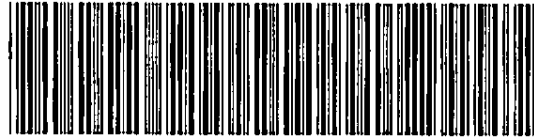
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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22 FEB -7 PM 3:16

T. MATTHEWS

FEB 21 2022

RECEIVED



2022 FEB -7 PM 1:44

FLORIDA DEPARTMENT OF STATE  
SECRETARY OF STATE Division of Corporations  
TALLAHASSEE, FL

January 26, 2022

MICHAEL MORIN  
224 CORAL WAY  
INDIALANTIC, FL 32903

SUBJECT: MMORINRE LLC  
Ref. Number: L21000199286

We have received your document for MMORINRE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews  
OPS

Letter Number: 622A00002068

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MMorinRE 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:

i Michael Morin  
\_\_\_\_\_  
Name of Person

Na Morin Real Estate  
\_\_\_\_\_  
Firm/Company

224 Coral Way  
\_\_\_\_\_  
Address

Indialantic FL 32903  
\_\_\_\_\_  
City/State and Zip Code

mmorin@whbenson.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Morin 321 773 - 4993  
\_\_\_\_\_  
Name of Person at ( ) Daytime Telephone 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 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

*Journal of Management Education* 30(6)

22 FEB -7 PM 3:14

(A Florida Limited Liability Company)

**A. If amending name, enter the new name of the limited liability company here:**

(Mailing address MAY BE A POST OFFICE BOX)

*Whereby 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**

MGR = Manager  
AMBR = Authorized Member

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is 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 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated February 3, 2020

*W. A. Morin*

Signature of a member or authorized representative of a member

~~Mr. [unclear]~~ Mr. [unclear]

Typed or printed name of signee