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2022 SEP - 1 AM 10: 00 SECRETARY OF STATE

COVER LETTER

TO:

TO: Registration So Division of Cor			
SUBJECT:	Norgan Ca	rthight Brazi	el LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Morgan	Name of Person	
	The	Mane Event	2022 SEC T/
	1260	+ Timberlane	SEP -1
		IL FL 32303 City/State and Zip Code	AM IO: C
	Morgan E-mailaddress: (. Cartnanta to be used for future and ual report notifi	ation) COPY 6
For further information c	oncerning this matter, please co	all:	
Morgan C	Brazici of Person	at (<u>850)</u> 933 — Area Code Daytime	SECRETARY OF STAIR TALLAHASSEE FLO Tation) 1923 Telephone Number
Enclosed is a check for t			
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration	Section	Street Address: Registration Sec	
Division of C P.O. Box 632		Division of Corp The Centre of Ta	
Tallahassee,			Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Movgan Cart (Name of the Limited Liability Co (A Florida Limited Liability Co	mpany as it now appears on ited Liability Company)	ziel, L our records.)	LC	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L2 00022373</u> .	oany were filed on 5	3 202	and as	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
The new name must be distinguishable and contain the words "Limited I	Liability Company," the design	nation "LLC" or the a	bbreviation "I	L.L.C."
Enter new principal offices address, if applicable:			·	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			2022 SEP - I AM SECRETARY OF TALLAHASSI	. 5
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our recor	ds, <u>enter the nan</u>	ne of the fe	3v registered
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida s	treet address		
		, Florida	- <u> </u>	
N. B. I	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 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
MGR	Morgan C. Braziel	4426 Camden Rd Tall FL 32303	ĠAdd
			□Remove
		<u></u>	□Change
			DAdd
			□ Remove
			□ Change
_			□Add
			SECRE JAR
			SECRETARY OF STATE
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ffective date, if oth an effective date is liste	d, the date must be sp	ecific and cannot be p	prior to date of filing	or more than 90 days	optional) after filing.) Pursi	uant to 605.020
Note: If the date insert locument's effective of	late on the Departr	nent of State's reco	ords.	ning requirement	s, this date will r	iot de fisted a
record specifies a del d is filed.	ayed effective date	, but not an effective	ve time, at 12:01 a	m. on the earlier of	or: (b) The 90th	i day after th
Dated		·	·	^		
	1 A /	1516 410	authorized representa	ust e V		
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Filing Fee: \$25.00