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JUN 1 8 2022 S. PRATHER

COVER LETTER

Division of	n Section Corporations		
SUBJECT: MORL	EY HOMES LLC		
30bacc1	Name of Lim	aited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	
	espondence concerning this matter		
	MATT HALL		
	·	Name of Person	
		Firm/Company	
	17 W. MAXWELI, ST		
		Address	· · · · · · · · · · · · · · · · · · ·
	PENSACOLA, FL 32501		
	MATT.HALL@RBG8A.C	City/State and Zip Code	
		to be used for future annual report	notification)
For further information	on concerning this matter, please c	all:	
MATT HALL		850 5728833	
Nan	ne of Person	at () Area Code Da	stime Telephone Number
Enclosed is a check f	or the following amount:		
\$25.00 Filing Fe	e S30.00 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 Ad		Street Address	
-	on Section of Corporations	Registration Division of G	Section Corporations
P.O. Box			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 APR 27 AM 9: I

MORLEY HOMES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{1/20/22}{}$ Florida document number 1.22000039287 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 Liability Company," the designation "L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cuv

If Changing Registered Agent, Signature of New Registered Agent

_. Florida

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>	<u>Address</u>	Type of Action
AMBR	MIGUEL A GONZALEZ	17 W MAXWELL ST	□Add
		PENSACOLA, FL 32501	■Remove
			□Change
AMBR THOMAS E. HAMILTON	THOMAS E. HAMILTON	17 W MAXWELL ST	
		PENSACOLA, FL 32501	■Remove
			□Add
			[]Remove
			□Change
			
			□Remove
			□Change
		□Add	
			□Remove
		□Change	
		□Add	
			□Remove
			- Cal

t amending any other informat	tion, enter change(s) here: (Attach additional sheets, if nece.	ssary.)
		
		<u> </u>
		
		
<u> </u>		
		
		-
Fan effective date is listed, the date muss Note: If the date inserted in this blo locument's effective date on the De	date of filing:	illing.) Pursuant to 605.020 date will not be listed a
d is filed.	The second of th	
ated APRIL 21ST	. 2022	2022 APR 27
MA		APF AHA
Joan	Signature of a member or authorized representative of a member	27 SSE
MATTHEW W HALL		AH FLO
		