L22000391656

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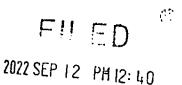
COVER LETTER

TO: Registration Section Division of Corporations				
	TONA PROP 4 LLC			
Name of Limited 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:		
	JESSICA ALTAMIRANO)		
		Name of Person		
	MORSE OPERATIONS II	NC		
		Firm/Company		
	2850 S FEDERAL HIGHV	WAY		
		Address		
	DELRAY BEACH FL 334	183		
		City/State and Zip Code		
	JESSICAALTAMIRANO@	DEDMORSE.COM to be used for future annual report notifi	cation	
For further information c	concerning this matter, please co		,	
DENNIS MACINNES		561 455-1111		
Name o	of Person	at () Area Code Daytime	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 Fcc & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration		Street Address: Registration Sec	tion	

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

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



MOI DAYTONA PROP 4 LLC

SECRETARY OF STATE (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 7/12/2022 ______ and assigned Florida document number L22000309656 ______.

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 "LLC" or the abbreviation "LLC."

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.

, 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>	Address	Type of Action
MGR	MORSE OPERATIONS INC	2850. S FEDERAL HIGHWAY	■Add
		DELRAY BEACH, FL 33483	□Remove
			□Change
MGR	TJM III LLC	2850 S FEDERAL HIGHWAY	🖹 Add
		DELRAY BEACH, FL 33483	□ Remove
			□Change
CEO	EDWARD J MORSE III	2850 S FEDERAL HIGHWAY	□Add
		DELRAY BEACH, FL 33483	■Remove
			Change
<u>COO</u>	RANDY HOFFMAN	2850 S FEDERAL HIGHWAY	
		DELRAY BEACH, FL 33483	\exists Remove
			Change
PRES	CARMELLO COLELLA	2850 S FEDERAL HIGHWAY	□Add
		DELRAY BEACH, FL 33483	= Remove
			□Change
СГО	DENNIS MACINNES	2850 S FEDERAL HIGHWAY	□Add
		DELRAY BEACH, FL 33483	≣Remove
			□Change

	
Effective date, if other than the d (If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	date of filing:
the record specifies a delayed effective of cord is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated September 9	. 2022
S	ignature of a member or authorized representative of a member
Randy Hoffman	
	Typed or printed name of signee

Filing Fee: \$25.00