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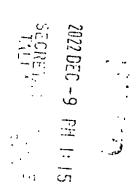
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PICK-UP WAIT	MAIL
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## COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
SUBJECT:	MORRIS	EXPRESS L	LC
		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	
	Dermain	Name of Person	J.M LLC
	• .	is EXP(SS)	
	30! Dec	ey Street	
	Day lona	Bearen Fi 3 City/State and Zip Code	2114
	Temain Mer E-mail address: (to	nisofogmen loo	itication)
For further information	concerning this matter, please ca	II:	
Chartee	Switt	ar (954) 479 -	6265 ne Telephone Number
Name	of Person	Area Code Dayun	te reseptione Number
Enclosed is a check for t	he following amount:		
□ \$25.00 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 Addre Registration Division of O P.O. Box 63:	Section Porporations	Street Address: Registration Se Division of Co The Centre of T	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab	da Limited Liability Company)
	Company were filed on $10.19 - 20.27$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADL	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register agent and/or the new registered office address here  Name of New Registered Agent:	red office address on our records, <u>enter the name of the new register</u> :
New Registered Office Address:	Enter Florida street address
	. Florida
<del></del>	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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 301 Deely Street	Type of Action
CEO	Jermaine Morris	Address 301 Deely Shect Daytona Beach Floraia	321-40 Add
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fective date, if other than the effective date is listed, the date in ote: If the date inserted in this cument's effective date on the	block does not meet the appli-	cable statutory filing	(optio e than 90 days after t requirements, this	n <b>al)</b> iling.) Pu date will	suant to 605.02 not be listed:
ecord specifies a delayed effect is filed.	ive date, but not an effective t	time, at 12:01 a.m. or	the earlier of: (b)	The 90	th day after th
ted	<u> </u>	·			
	5 Maris				
	Signature of a member or auth	norized representative o	a member		