L22000439468

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Y. SCOTT MAY 1 3 2023

COVER LETTER

TO:	Registration Sect Division of Corpo) ²	•	,	
SUBJE	ECT:	Mor Courier Name of Lin	Solutions mited Liability Company				
The en	closed Articles of A	mendment and fee(s) are su	bmitted for filing.				
Please	return all correspond	dence concerning this matte	r to the following:				
		Chne	Hopher Mo Name of Person	✓			
		<u>Boynton</u>	Firm/Company Woolbright Address Beach FC City/State and Zip Cod MIS M 5788 ((to be used for future annual)	33435 Ognail.co			
For fur	ther information con	ncerning this matter, please	call:				
	hvistopher Name of F	Person	at (QSY) Area Code	444 - 5317 Daytime Telepho	ne Number		
Enclose	ed is a check for the	following amount:					
⊠ \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fe Certified Copy (additional copy is		\$60.00 Filing Certificate o Certified Co (additional copy	f Status &	
	Mailing Address: Registration Se Division of Cor P.O. Box 6327	rporations	Regis Divis	Address: stration Section tion of Corporation Centre of Tallahas:			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mor Courier Solution	is LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L22000439468</u> .	were filed on 10 12 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
Mor Notary & In	vestigative Services LLC
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	SECAL T
	<u>=2 </u>
	20
Enter new mailing address, if applicable:	11
(Mailing address MAY BE A POST OFFICE BOX)	्रांची क्षा क्षा क्षा क्षा क्षा क्षा क्षा क्षा
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida 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
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			□Remove
			Change
			DAdd
			□Remove
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tive date, if	listed, the dat	e must be spe	cific and c	annot be pric			e than 90 da		.) Pursu	
: If the date i ment's effecti						itory filing	requiremei	nts, this date	will no	ot be listed
ord specifies a filed.	delayed eff	fective date,	but not a	n effective	time, at 12	:01 a.m. or	the earlie	rof:(b) TI	ne 90th	day after t
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