

h22000491760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

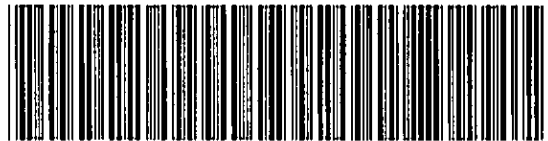
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Morgan Clark LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Morgan Clark
Name of Person

Firm/Company

16843 127th DR N.
Address

Jupiter FL 33478
City/State and Zip Code

morganclark94@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Morgan Clark at (561) 215-9188
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 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 Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

2022 DEC 12 PM 1:18

6072 DEC 12 11:18

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 12.6.22, 2022

Wm. A. R. R.

Signature of a member or authorized representative of a member

Morgan Clark

Typed or printed name of signee