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## **COVER LETTER**

TO: Registration Second Division of Cor			4
SUBJECT:	Morgan Clark	LLC'	
3000EC1	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing	
	ondence concerning this matter	•	
	<b>A</b> A	0.	
		Vaan Clark Name of Person	<del></del>
	<del> </del>	Firm/Company	702
	10843 12	17th DR N.	7022 056
		Address	12
	ال ا	JAHOV FL 33478	
		City/State and Zip Code	
	E-mail address: (	ncarkate hotroal to be used for future annual report notification)	·Com
For further information c	concerning this matter, please c	all:	
Movaan	Clark	at (56e) 215.918	8
Name o	f Person	Area Code Daytime Telepho	ne Number
Enclosed is a check for the	he 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 Addres	<del></del> -	Street Address:	
Registration S Division of C		Registration Section Division of Corporation	ns
P.O. Box 632		The Centre of Tallahas	
Tallahassee, l	LL 34314	2415 N. Monroe Street	, Suite o IV

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Morgan (	Clarkue
( <u>Name of the Limitell Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con	mpany were filed on $11/17/22$ and assigned
Florida document number 122000491760	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limited	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	~3
(Principal office address MUST BE A STREET ADDRE	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Enter new mailing address, if applicable:	-0,
(Mailing address MAY BE A POST OFFICE BOX)	
	- 8
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:  Name of New Registered Agent:	office address on our records, <u>enter the name of the new register</u>
New Registered Office Address:	Enter Florida street address
	PL 21.
	, Florida
New Registered Agent's Signature, if changing Registered A	Agent

New Registered Agent's Signature, it 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
MGR	Morgan Clark	16843 127th DV N	XAdd
	J	16843 127th DV N Jupiter FL 33478	□Remove
			□Change
			□Add
		· · ·	☐ Remove
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ate, if other than the date of filing:			(optional)	
date is listed, the date must be specific and canno e date inserted in this block does not meet th	ie applicable sta	of filing or more than stutory filing requir	90 days after filing.) Prements, this date wi	ursuant to 605,02 Il not be listed
effective date on the Department of State's	records.			
cifies a delayed effective date, but not an eff	fective time, at	12:01 a.m. on the e	earlier of: (b) The 9	Oth day after th
2.6,22 20	<u>022</u>			
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2.6.22	022	) ,		