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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (813)436-5206



Enter the email address for this business entity to be used for future .-annual report mailings. Enter only one email address please.\*\*

Émail	Address:	<u> </u>	 ··.	
-				

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MORSE HOMES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

K. SALY AUG - 6 2024

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Help

If Changing Registered Agent, Signature of New Registered Agent

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2024 AUG-6 AM 4: 06
TALLAHASSEE FLORIO,

Morse Homes LLC

(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 Florida document number L23000304990	were filed on 06/26/2023 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Emitted Liabil	lity Company," the designation "ELC" or the abbreviation "ELL,"		
Enter new principal offices address, if applicable:	5560 SE 92nd S1 Ocala FL 34480		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	5560 SE 92nd ST		
(Mailing address MAY BE A POST OFFICE BOX)	Ocala FL 34480		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	oddress on our records, enter the name of the new registered		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida Cuv ————————————————————————————————————		
New Registered Agent's Signature, if changing Registered Agent:	Cuy Zip Code		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		

8/6/2024 06:40 03 PDT - -

To 18506176383

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Fax: B134365206

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

Title	Name	Address	Type of Action
AMBR	Matthew A. Reynolds	5560 SE 92nd ST	<b>X</b> )Add
		Ocala FL 34480	CRemove
			_ LlChange
AMBR	Tracy R. Pendarvis	5560 SE 92nd ST	¥≀Add
		Ocala FL 34480	□Remove
			[]Change
	<del></del>		SECOND TO SECOND
			GARend ve
			07 200 200 200 200 200 200 200 200 200 2
			□Remove
			DChange
			□Add
			☐ Change
			LJAdd
			□Remove
			□ Change

8/6/2024 06:40:03 PDT To 18506176383 Fax: 8134365206 Page 4/4 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_ (optional) (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records 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 08/06 2024 Signature of a member or authorized representative of a member

Typed or printed name of signee

Nat Smith