L23000392551

(Requestor's Name)	
(Address)	90041
(Address)	30041
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	07./2.
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

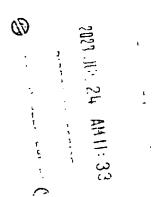
Office Use Only



900412440979

07/24/23--01003--008 **55.00

7023 CT 24 PN 3: 05



R. HUNT 07/24/23

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DWAYNE MORRISON LLC				
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u>s.</u>)		
The Articles of Organization for this Limited Liability Company Florida document number L23000342555	were filed on <u>07/20/2023</u>	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	4647.4			
(Principal office address MUST BE A STREET ADDRESS)				
		22 1		
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BON)		ELO 3:		
Stating duartss MAT DE AT OUT OF THE BOX		77 0		
		- FA UT		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records <u>e</u> :	s, enter the name of the no		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		orida		
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DWAYNE MORRISON	18630 SW ST	
		NID AND 27 22020	Add
		MIRAMAR, FL 33029	☐ Remove
			☐ Remove
			CD Change
			SSEE OF CHRemove
			TAIL OS Change
			Add
			☐ Remove
			Change
			□ Add
			☐ Remove
			□ Change
			Add
			□ Remove
			Change

		· ·		
				7
				
				 .
		·		
-	7			
-				
				
				·
		- 10		
	7318			
				
Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blodocument's effective date on the Defective date.	st be specific and cannot be pri ock does not meet the appl	licable statutory filing	(optional) re than 90 days after filing.) F requirements, this date w	ursuant to 605.0207 If not be listed as t
ne record specifies a delayed The 90th day after the reco	d effective date, but roord is filed.	not an effective ti	me, at 12:01 a.m. or	the earlier of
Dated July 24	2023	·		
Dwayne Mor	rison			
Dwayne Mor	Signature of a member or au	thorized representative of	of a member	

Page 3 of 3

Filing Fee: \$25.00