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BECKLING OF STATE
TALL ANASSES, FL

## **COVER LETTER**

TO:	Registration So Division of Co			
CHENT		RESIDENCE LLC		
SUBJE	ÇΤ:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		MAHMOUD JABER		
			Name of Person	<del>.</del>
		MORRA RESIDENCE LI	.c	
			Firm/Company	<del></del>
		3340 PLAYERS CLUB PI	KWY STE 150 ATTN ATLAS	
			Address	<u> </u>
		MEMPHIS, TN 38125		
			City/State and Zip Code	
		ATLASCPAGROUP@GM	AIL.COM	
		E-mail address: (	to be used for future annual report not	ification)
For furth	ner information o	concerning this matter, please c	all:	
ATLAS	BOOKKEEPIN	G INC	901 545-2460 at ( )	
	Name o	of Person		ne Telephone Number
Enclosed	d is a check for t	he following amount:		
<b>■ \$</b> 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		<u>Street Address:</u> Registration Se	ection
	Division of C	-	Division of Co	-
	P.O. Box 632 Tallahassee,		The Centre of T 2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MORRA RESIDENCE LLC			
(Name of the Limited Liabil (A Florid	ity Company as it now appear: la Limited Liability Company)	s on our records.)	<del></del>
The Articles of Organization for this Limited Liability (	Company were filed on $\frac{08/6}{2}$	06/2024 a	and assigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company he	<u>re</u> :	
he new name must be distinguishable and contain the words "Lir	nited Liability Company," the de	signation "LLC" or the abbrevia	ation "L.L.C."
nter new principal offices address, if applicable:	111 NORTH OR	ANGE AVENUE	
Principal office address MUST BE A STREET ADD	RESS) STE 800	ੁ <i>ਹ</i> ਾ ! ;ਨਾ	2021
	ORLANDO, FL		SE -
Enter new mailing address, if applicable:			25
Mailing address MAY BE A POST OFFICE BOX)		775. 778.	
3. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	ed office address on our re	cords, enter the name of t	the new regis
	IORTH OR ANGE AVENUE		
New Registered Office Address:	NORTH ORANGE AVENUE  Enter Flori	da street address	
ORL	ANDC	, Florida <sup>32801</sup>	
	City	Zi	p 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 Register	ed 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
AMBR	MAHMOUD JABER	111 North Orange AvenueSuite 800	<b>=</b> Add
		ORLANDO, FL 32801	□Remove
			□ Change
			□Add
			□Remove
		<u> </u>	Change
			□Add
			Remove
			□Change
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ffective date	e, if other than the date of filing:	(optional)
an enective da lote: If the d	ate inserted in this block does not meet the	ot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.05 are applicable statutory filing requirements, this date will not be listed
	fective date on the Department of State's	
record specif	ies a delayed effective date, but not an effi	fective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
is filed.	, a, a a a a a a a a a a a a a a a a a	, , , , , , , , , , , , , , , , , , , ,
SEPTE	MBER 4 , 2024	24
<del></del>	,	
	Jus	er or authorized epresentative of a member
		an out horizon don reconstitive The member

Typed or printed name of signee