L240004073399

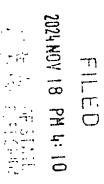
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| J. HORNE DEC 16 2024 |

Office Use Only



600439540686

11/18/24--01002--015 **30.00



COVER LETTER

TO:

Registration Section Division of Corporations

| SHRIFCT. | MORRIS Y | ARD VIBES RESTAURANT | LLC | |
|---------------|----------------------------|--|---|---|
| SOBJECT. | · | Name of Lim | ited Liability Company | |
| The enclose | d Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | n all correspo | ndence concerning this matter | to the following: | |
| | | Denva B Morris | | |
| | | | Name of Person | |
| | | · | Firm/Company | |
| | | 503 Lorient Drive | A.H. | |
| | | Eagle Lake, Florida, 33839 | Address | |
| | | denvamorris@gmail.com | City/State and Zip Code | |
| | | = = | to be used for future annual report noti | fication) |
| For further i | nformation c | oncerning this matter, please co | • | |
| Denva Morr | | | 609 470-6028 at () | |
| | Name o | f Person | Area Code Daytim | e Telephone Number |
| Enclosed is | a check for th | ne following amount: | | |
| □ \$25,00 l | 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) |
| Re | illing Addres | Section | <u>Street Address:</u> Registration Se | |
| | vision of C D. Box 632 | orporations | Division of Cor The Centre of T | • |
| | J. Box 652 llahassee, F | | | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

| 7021.45 F/L | ED |
|-------------|----------|
| 2024 NOV 18 | P19 4:11 |

| MORRIS YARD VIBES RE | STURANT, LLC | 18 PM 4:11 |
|--|---|--|
| (Name of the Limited Liability Compar (A Florida Limited L | ny as it now appears on our records.), iability Company) | St. A. St. |
| he Articles of Organization for this Limited Liability Company orida document number <u>L24000467339</u> . | | and assigned |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited liabi | lity company here: | |
| MORRIS YARD VIBES RESTAURANT, | | |
| ne new name must be distinguishable and contain the words "Limited Liabili | ity Company," the designation "LLC" or | the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | N/A | |
| Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | | |
| nter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| . If amending the registered agent and/or registered office a gent and/or the new registered office address here: | ddress on our records, enter the | name of the new register |
| Name of New Registered Agent: | N/A | |
| New Registered Office Address: | | |
| New Registered Office Address. | Enter Florida street address | |
| | . Florid | la |
| | City | Zip Code |
| ew Registered Agent's Signature, if changing Registered Agent: | | |
| herchy accept the appointment as registered agent and agre rovisions of all statutes relative to the proper and complete p ccept the obligations of my position as registered agent as p eing 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 provided for in Chapter 605, F.S | am familiar with and . Or, if this document is |

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 = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|-------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | □Add |
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| | | | □Remove |

_____ □Change



| ONL | Y NAME CHANGE- THE A | A IN RESTAURANT NEEDS TO BE ADDED |
|------------------------------------|---------------------------------------|--|
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| in effective <u>ate:</u> If the | | specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (, does not meet the applicable statutory filing requirements, this date will not be listed as the |
| ecord spe is filed. | cifies a delayed effective dat | e, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ited | November 7, | 2024 |
| | | |

Typed or printed name of signee