

(Requ	estor's Name)	
(Addre	ess)	3331
(Addre	?SS)	
(City/S	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Name	e)
(Docu	ment Number)	
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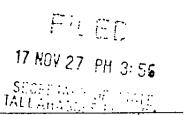
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: MORGAN RES	SOURCES INC.		
DOCUMENT NUMB	ER: P17000085051			
	of Amendment and fee are sub	omitted for filing.		
Please return all corres	pondence concerning this mat	ter to the following:		
	MARSHA SIHA			
-		Name of Contact Person	l	
	INCFILE.COM LLC			
•	<u> </u>	Firm/ Company		
	17350 STATE HWY 249 SUITE 220			
•		Address		
	HOUSTON TX 77064			
•		City/ State and Zip Code	<u>.</u>	
MAF	RSHA@INCFILE.COM			
		ed for future annual report	notification)	
For further information	concerning this matter, pleas	e call:		
MARSHA SIHA		at (888	462-3453 X 701	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi P.O	ling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Cliftor 2661 E	Address diment Section on of Corporations on Building Executive Center Circle assee. FL 3230!	

Articles of Amendment to Articles of Incorporation of



MORGAN RESOURCES INC.

(Name of Corporation	n as currently filed with the Florida Dept. of State)
P17000085051	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the a	The new "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u> E	
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX	0
D. If amending the registered agent and/or registere new registered agent and/or the new registered o	ed office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
The state of the s	(City) (Zip Code)
	am familiar with and accept the obligations of the position.
Signa	nture of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
<u>X</u> Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	VP	Richard P. Morgan	382 NE 191st St, #88024	
X Add			MIAMI, FL 33179	
Remove				
2) Change				
Add				
Remove				
3) Change	_			
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

tach <i>additional</i>	sheets, if necessary).	(Be specific)			
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				.	
on omendment	provides for an excha	nnan reclassificat	ion or concellatio	on of iccurd charge	
rovisions for in	plementing the amen	idment if not cont	ained in the amer	dment itself:	ı
(if not applic	able, indicate NIA)				
			·		
			••		
			<u>-</u>		_

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date of Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		•
,	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Noven Dated	nber 12, 2017	
Signature	Cynthia Margar	
selec	director, president or other officer — If directors or officers have not been ted, by an incorporator — if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Cynthia Morgan	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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