## LD2000016399

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DATE: 5/13/20

NAME: MONIKER ONLINE SERVICES, LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 5000 11

2020 HAY 13 AH 8: 53

MOM	NIKER ONLINE SERVICES, LLC	
(Name of the Limited	Liability Company as it now appears on our Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liab		2002 and assigned
lorida document number <u>L02000016399</u>		
This amendment is submitted to amend the following	ing:	
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
Principal office address MUST BE A STREET 2	ADDRESS)	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BO	<u></u>	
3. If amending the registered agent and/or regi	stered office address on our records,	enter the name of the new register
gent and/or the new registered office address h		
Name of New Registered Agent:		
New Registered Office Address:		
ress registered Office radicess.	Enter Florida stree	address
		ri i
-	City	, Florida 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

2020 HAY 13 FM 8: 53

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
CEO	ALEX SIFFRIN	13727 SW 152ND ST. #513	□Add
		MIAMI, FL 33177	
			Change
		🗆 Add	
		Remove	
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(If an eff Note:	ive date, if other than the date of filing:
he recor ord is fi	d 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 ed.
Dated	5-5-20
	A Great
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00