

LD5000054408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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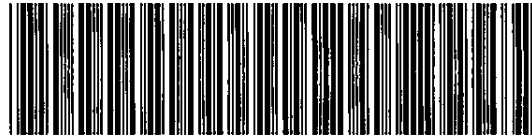
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan OCT - 8 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Monumental Health Group LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maurice J Boudreau

Name of Person

Monumental Health Group LLC

Firm/Company

1445 Quince Ave.

Address

Merritt Island, FL 32952

City/State and Zip Code

maurice@mhginsgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maurice J Boudreau

Name of Person

at (**321**) **210-5061**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
266 I Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Monumental Health Group LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 2, 2005 and assigned
Florida document number L05000054408

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1445 Quince Ave.

(Principal office address MUST BE A STREET ADDRESS)

Merritt Island, FL 32952

Enter new mailing address, if applicable:

1445 Quince Ave.

(Mailing address MAY BE A POST OFFICE BOX)

Merritt Island, FL 32952

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Maurice J Boudreau

New Registered Office Address:

1445 Quince Ave.

Enter Florida street address

Merritt Island

, Florida 32952

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 608, 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.

Maurice J Boudreau
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:


MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Maurice J Boudreau	1445 Quince Ave.	<input checked="" type="checkbox"/> Add
		Merritt Island, FL 32952	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please change the FEIN to
41-2282517

Dated Oct. 04 2013



Signature of a member or authorized representative of a member
MA. KHOA DANG CUOI

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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