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COVER LETTER

	istration Sect ision of Corpo				
SUBJECT:	Drunk Monke	eys LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return	all correspond	dence concerning this matter	to the following:		
		David Sheehan			
			Name of Person		
		Drunk Monkeys LLC			
		· ····	Firm/Company		
		PO Box 378493			
			Address	<u></u>	
		Key Largo FL 33037			
			City/State and Zip Code		
		sunsetsunlimited@comcast.			
			to be used for future annual	report notification)	
For further in	formation con	cerning this matter, please co	all:		
David Sheeh	an		305 73	1-9472	
	Name of P	erson	Area Code	Daytime Telepho	one Number
Enclosed is a	check for the	following amount:			
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mail</u>	ling Address:		Street Ac	ldress:	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ny as it now appears on our records Liability Company))
were filed on 11/26/2008	and assigned
ility company here:	
lity Company," the designation "LLC"	or the abbreviation "L.L.C."
<u> </u>	
814 MADRID RD	P 5
KEY LARGO FL 33037	P _π ω
	MIII: 19
address on our records, <u>enter t</u>	he name of the new registe
Enter Florida street uddress	
	• •
, Flo	rida Zin Code
	address on our records, <u>enter t</u> Enter Florida street address

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 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
MGR	Christie Sheehan	814 Madrid Rd Key Largo FL 33037	= Add
			□ Remove
			□Change
			□ Add
			□Remove
			Change
			□ Add
			□Remove
			□Change
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ective date, if other than the d	ate of filing:		(options	al)
ective date, if other than the de effective date is listed, the date must b e: If the date inserted in this bloc	e specific and cannot be pr	ior to date of filing or m	ore than 90 days after fili	ng.) Pursuant to 605.020
ument's effective date on the Dep	artment of State's recor	ds.	g requirements, this de	ne will not be listed a
cord specifies a delayed effective of	late, but not an effectiv	e time, at 12:01 a.m. o	on the earlier of: (b)	The 90th day after the
s filed.				
December 24th	2024			
ed	·			
DIMO	mul	W.A.		
		thorized representative		

Filing Fee: \$25.00