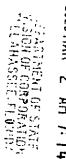
(Requestor's Name)
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MAR 20 2020 S. YOUNG

COVER LETTER

	istration Sec ision of Corp						
EUD IEZTE.	Pet Sitting V	Vith Love, LLC					
SUBJECT:	F:						
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.				
		ndence concerning this matter	_				
		Elizabeth Stephanis					
			Name of Person				
		Monarch Force, LLC					
		Firm/Company					
	7175 Nova Dr Apt 406						
		Address					
		Davie, FL 33317					
		City/State and Zip Code monarchforcelle@gmail.com					
			to be used for future annual report noti	fication)			
For further in	nformation co	oncerning this matter, please ca	all:				
Elizabeth Stephanis		786 355-1116					
	Name of	l Person	at () Area Code Daytim	e Telephone Number			
Enclosed is a	check for th	ne following amount:					
□ \$25.00 F	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)			
	iling Addres gistration S		<u>Street Address:</u> Registration Sec	ction			
		ornorations	Division of Cor				

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

TO:

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

LUYUUIDIOD

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pet Sitting With Love, LLC		2020 HAR	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)		
(A Florida Limited Lia	oility Company)	첫유표 및	
The Articles of Organization for this Limited Liability Company w	ere filed on <u>02/09/2009</u>	The signed T	
Florida document number L0900013166		TANK 7 U	
This amendment is submitted to amend the following:		500 T	
A. If amending name, enter the new name of the limited liability	ry company here:		
Monarch Force, LLC			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if applicable: N/A			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: N/A			
(Mailing address MAY BE A POST OFFICE BOX)			
the state of the s			
•	******	-	
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here: N/A	dress on our records. <u>enter the i</u>	name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
-	, Florida	a Zip Code	
S. D. January I. S. S. S. S. S. S. S. Daniston and America	C.,,	up com	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change. NIA	erformance of my duties, and L ovided 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: N/A

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		<u> </u>	□Add
			□Remove
		 	☐Change
			□Add
			□Remove
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if an eff <u>Note:</u>	ive date, if other than the date of filing:
e recor	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 led.
Dated	February 26
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00