

L10000010872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

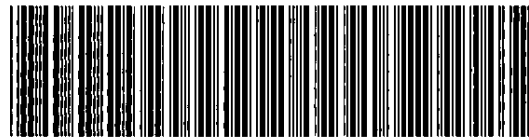
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600187483216

11/19/10--01002--001 **2.50

11/08/10--01034--005 **52.50

FILED
10 NOV 18 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W

W J. BRYAN

NOV 19 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2010

MICHAEL KINGHAM
MONARCH FIFTH ST LLC
25 5TH ST NW
WINTER HAVEN, FL 33881

SUBJECT: MONARCH FIFTH STREET, LLC
Ref. Number: L10000010872

FILED
10 NOV 18 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MONARCH FIFTH STREET, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 010A00026471

Su
contactus

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Monarch Fifth St LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Michael Kingham
Name of Person

Monarch Fifth St LLC
Firm/Company

25 5th St NW
Address

Winter Haven FL 33881
City/State and Zip Code

mike@kingham.com
E-mail address: (to be used for future annual report notification)

FILED
10 NOV 18 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Mike Kingham at (863) 291-4268
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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

FILED
10 NOV 18 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/29/2010 and assigned
Florida document number L10000010872.

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:

(Principal office address MUST BE A STREET ADDRESS)

25 5th St NW

Winter Haven FL 33881

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

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.

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 of Managing Member being added or removed from our records:

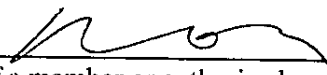
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
 10 NOV 18 PM 1:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated 11-16-10



 Signature of a member or authorized representative of a member

Michael Kingham

 Typed or printed name of signee

Filing Fee: \$25.00