611000047213

(Requestor's Name)
(Address)
(100/2007)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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SECRETURY OF STATE
TALLAHASSEE, FLORIO

T. Burch MAR 2.6/2005



COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Monster Mini Golf New Port Richey LLC
0020	Name of Limited Liability Company
The en	placed Astiples of Assendances and fog(s) are submitted for filing
	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	John Rueda
	Name of Person
	Monster Mini Golf New Port Richey LLC
	Firm/Company
	3373 Crescent Oaks Blvd
	Address
	Tarpon Springs FL 34688
	City/State and Zip Code
	johncrueda@gmail.com E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	•
Jor	nn Rueda _{at (} 727 ₎ 768-5116
	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
■ \$2:	5.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

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

STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

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



March 4, 2014

65 30

JOHN RUEDA 3373 CRESENT OAKS BLVD TARPON SPRINGS, FL 34688

SUBJECT: MONSTER MINI GOLF NEW PORT RICHEY LLC.

Ref. Number: L11000047213

We have received your document for MONSTER MINI GOLF NEW PORT RICHEY LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 614A00004751

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	nster Golf Nev		
(Name of the Limit	ted Liability Compa (A Florida Limited l	ny as it now appears on our records.) Ciability Company)	
The Articles of Organization for this Limited L. Florida document number L11000047213	iability Company	were filed on	and assigned
This amendment is submitted to amend the foll	owing:		TANK AMERICAN 25
A. If amending name, enter the new name o			PH 3:
The new name must be distinguishable and end with the	words "Limited Liah	oility Company," the designation "LLC" or	the abareviation 1 .L.C."
Enter new principal offices address, if applic	able:	6429 US Hwy 19	>
(Principal office address MUST BE A STREE		New Port Richey FL 3465	2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	3373 Crescent Oaks Blvd Tarpon Springs FL 34688	
B. If amending the registered agent and registered agent and/or the new registered o		<u>e</u> :	nter the name of the new
Navy Descietaned Office Address	3373 Creso	cent Oaks Blvd Tarpon Sprin	as FL 34688
New Registered Office Address:		Enter Florida street address	
		, Florid	a 346 xr
			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

Page 1 of 3

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

MGR = Manager AMBR = Authorized Member **Address** Type of Action Title Name 1611 Renaissance way Steven Cuculich **MGRM** Tampa FL 33602 Remove John Rueda 3373 Crescent Oaks **MGRM** □ Add Tarpon Springs FL 34688 Angela Tobey 3373 Crescent Oaks Blvd ■ Add **MGR** Tarpon Springs FL 34688 □ Remove □ Add ☐ Remove

-	<u> </u>
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Effecti	ve date, if other than the date of filing: (optional) ctive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date (ctive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
	this document is filed by the Florida Department of State)
	this document is filed by the Florida Department of State)
Dated	-1-1/ N / //
	2/24/ 1, 20/4
	Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member John Rueda
	Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member John Rueda
	Signature of a member of authorized representative of a member John Rueda

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