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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. CLINE
SEP 14 2011
EXAMINER

## **COVER LETTER**

10: Registration Section Division of Corporations
SUBJECT: Monka's BLD and More 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:
Monika Borger Name offerson  Monika's BLD and More LLC
Firm/Company
201 N Park Ave
Address  Apopka Florida 32703  City/State and Zip Code  Monika borger @ amail. Com  E-mail address: (to be used for future angual report notification)  Part of the control
E-mail address: (to be used for future ampual report notification)
For further information concerning this matter, please call:
Monika Borger at (407) 745-9042  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{S25.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\ \text{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
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Monika's BLD a	nd more LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on o mited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Cor	npany were filed on Seo	t. 6 2011 and assigned	
Florida document number <u>2/1000101410</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," th	e designation "LLC" or the abbreviation	
L.L.C.		7201 7215	
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	THE P	
		SSR	
		mo B	
Enter new mailing address, if applicable:		CST D	
(Mailing address MAY BE A POST OFFICE BOX)		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
B. If amending the registered agent and/or register		cords, enter the name of the new	
registered agent and/or the new registered office addres	ss 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 or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> Name **Address** Monike Borger MGR Add Add Remove ☐ Add ☐ Remove ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Boygov Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00