41000119606

(Re	equestor's Name)	
(Ac	ldress)	
· (Ac	ldress)	
	100 L G' 101	- 40
(Cr	ty/State/Zip/Phone	€#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	 -
C	,	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	,	

Office Use Only



400289961284

09/12/16--01026--014 **55.00

2016 SEP 12 P 2: 21

SEPIE 3 SUIS

COVER LETTER

TO: Registration Se Division of Cor		3		
MONKEY	WISH, LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspo	ondence concerning this matter t	to the following:		
	KRISTI K HAWLEY			
		Name of Person	······································	
	HATTI	Firm/Company		
	300 SW 143RD STREET			
		Address		
	JONESVILLE, FL 32669			
		City/State and Zip Code		
	KRISTI@MONKEYWISH.			
	E-mail address; (to	o be used for future annual report notifi	ication)	
For further information c	oncerning this matter, please ca	11:		
KRISTI K HAWLEY	-	352 332-2600 at ()	201 TALL	
	of Person	Area Code Daytime	Telephone Number AHASSE	El voradr es drondes
Enclosed is a check for the	he following amount:		rn, .	rn,
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy) is enclosed	J

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

MONKEYWISH, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{10/11/2011}{10/11}$ __ and assigned Florida document number L11000119606 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HYTEK, LLC The new name must be distinguishable and contain 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) 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 Ŋ 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

Title Name Address Type of Action Add Remove Change Change	MGR = Ma AMBR = Au	nnager uthorized Member		
Change Add	<u>Title</u>	<u>Name</u>	Address	Type of Action
Change	 			Add
Change C				□ Remove
Remove Change Add Remove Change Remove Remo				Change
Change				Add
Add				Remove
Add Remove Change Chan				☐ Change
Change Change Change Change Change Change Change Add Add				
Change Change Add				Remove
Change C				□ Change
Change C				
Change Remove Change Add				~ · · · · · · · · · · · · · · · · · · ·
Remove				Change
Remove				22 2 10 2 10 2 10 2 10 2 10 2 10 2 10 2
Change				
□ Remove				
Change			***************************************	

				·-····································		
		<u> </u>				
		_				
				<u></u> .		
						
***************************************						26
					Aug nies, Met	SEP -
					တ္ဆ	12
					in:	
					ONL A	?
						7
Offective date, if of	ther than the date o	of filing:		(0	ptional)	
f an effective date is lis	sted, the date must be spe serted in this block does	cific and cannot be	prior to date of filin	g or more than 90 days a	ifter filing.) Pursuan	it to 605.020
de accessed a constitue	e date on the Departm	ent of State's rec	ords.	y mmg requirements,	dis date will not	oc nated a.
document s'effective						
	ac a delaved effer		t not an effect	tive time, at 12:0	1 a.m. on the	earlier o
ne record specific	after the record is					
he record specific The 90th day a	after the record is					
he record specific	after the record is	, 2016	- , 			
ne record specific The 90th day a	after the record is		V. Jan	ulm -		

Page 3 of 3

Filing Fee: \$25.00