

L11000139293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

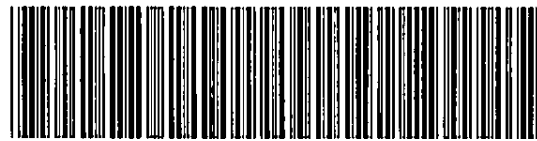
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100306982441

12/27/17--01008--019 ++\$9.00

FILED
17 DEC 26 PM 4:49
STATE OF FLORIDA
TALLAHASSEE, FLORIDA
2017 DEC 26 PM 4:31

DEC 27 17

Y SULKEP

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Monoko, 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:

Keri Monokandilos

Name of Person

Monoko, LLC

Firm/Company

1037 Peninsula Avenue

Address

Tarpon Springs, FL 34689

City/State and Zip Code

monokollec@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keri Monokandilos 727 940-3244

Name of Person at () _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & 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**

MONOKO, 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 Dec. 07, 2011 and assigned
Florida document number L11000139293.

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 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: Drosso Monokandilos

New Registered Office Address: 1027 Hamilton Avenue

Enter Florida street address

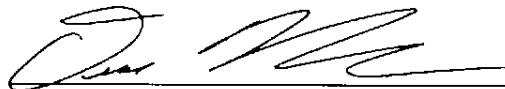
Tarpon Springs, Florida 34689

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 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------|--------------------------|--|
| MGR | Keri Monokandilos | 1037 Peninsula Avenue | <input type="checkbox"/> Add |
| | | Tarpon Springs, FL 34689 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Drosso Monokandilos | 1027 Hamilton Avenue | <input checked="" type="checkbox"/> Add |
| | | Tarpon Springs, FL 34689 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MBR | Irene Fillis | 1017 Peninsula Avenue | <input checked="" type="checkbox"/> Add |
| | | Tarpon Springs, FL 34689 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

FILED
17 DEC 26 4 28 PM '09
TALLAHASSEE, FLORIDA

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

17 DEC 26 PM
BUREAU OF
ENCLAVASSEE, FL

FILED
17 DEC 26 PM 4:49
DEPARTMENT OF STATE
WILLIAMSBURG, VIRGINIA

E. Effective date, if other than the date of filing: 12-26-17 (optional) 67
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated December 21, 2017

Keri Mouskondis
Signature of a member or authorized representative of a member

KERI MONTEANDILLO
Typed or printed name of signer