

L12000049725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

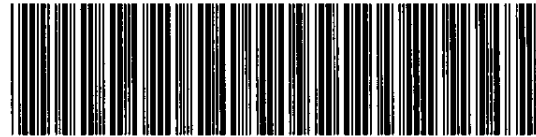
L12-49725

(Document Number)

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FILED
12 MAY -3 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O'Brien MAY 4 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MONARCH INT'L 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:

RIAZ AHMED

Name of Person

MONARCH INT'L LLC

Firm/Company

3936 S SEMORAN BLVD-SUITE 337

Address

ORLANDO FL 32822

City/State and Zip Code

RIAZ1923@GMAIL.COM

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

For further information concerning this matter, please call:

RIAZ AHMED

Name of Person

at (**407**)

758-6501

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2012

RIAZ AHMED
3936 S. SEMORAN BLVD., SUITE 337
ORLANDO, FL 32822

SUBJECT: MONRACH INT'L LLC
Ref. Number: L12000049725

We have received your document for MONRACH INT'L LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 212A00012562

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

12 MAY -3 AM 8: 02

MONRACH INT'L LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/11/2012 and assigned
Florida document number L12000049725.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MONARCH INT'L LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable: 3936 S SEMORAN BLVD-SUITE 337
(Principal office address MUST BE A STREET ADDRESS) ORLANDO FL 32822

Enter new mailing address, if applicable: 3936 S SEMORAN BLVD-SUITE 337
(Mailing address MAY BE A POST OFFICE BOX) ORLANDO FL 32822

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: SAME

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

ATT: Neysa Culligan

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	N/A	<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.)

Dated _____

Signature of a member or authorized representative of a member
RIAZ AHMED
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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12 MAY -3 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA