L12000131057

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COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT: Monogran	n Me H2O LLC				
SUBJECT		ted Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	tamaa Mayant				
	James Weyant	Name of Person			
		4.1.0			
	Monogram Me H20	Firm/Company			
		company			
	8957 Huntington Poi	B			
		Address			
	Sarasota, FL 34238				
		City/State and Zip Code			
	jweyant15@gmail.com	m o be used for future annual report notificatio		<u> </u>	3
			n) !		nnin ADR 23
For further information co	ncerning this matter, please ca	all:	:	L AHA	TO MESTER SO MESTER
James Weyant		at (813)410-4031		مي لينا	1757
Name of	Person	Area Code & Daytime Tele	ephone Number	<u> </u>	P
					ги ?> {_
Enclosed is a check for the	following amount:			DA	9.
■ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Certificate o Certified Co (additional o	of Status &	
ar ma ana	The second of th				
Registrat Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center	18		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Home Health ABC LLC			
(<u>Name of the Limited L</u> (A F	iability Compar Iorida Limited L	y as it now appears on our records.) iability Company)	
· ·		and the second company	
The Articles of Organization for this Limited Liab	oility Company	were filed on 10/15/2012	_ and assigned
Florida document number L12000131057			
This amendment is submitted to amend the follow	/ing:		
A. If amending name, enter the new name of t	he limited liab	ility company here:	
Monogram Me H2O LLC			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," the designation "LLC	or the abbreviation
Enter new principal offices address, if applical	ole:	8957 Huntington Pointe Drive	
(Principal office address MUST BE A STREET ADDRESS)		Sarasota, FL 34238	
		ÄL	2013
		>	A P
Enter new mailing address, if applicable:		I> U.	N Proces
(Mailing address MAY BE A POST OFFICE BOX)			
	<u>,</u>		, -<u>;</u>- <u> </u>
			S 2: 5
B. If amending the registered agent and/or	registered of	fice address on our records, enter the	name of the new
registered agent and/or the new registered office	ce address her	<u></u>	
Name of New Registered Agent:			<u></u>
New Registered Office Address:	8957 Huntin	gton Pointe Drive	
		Enter Florida street addres	······································
	Sarasota	, Florida <u>3423</u>	8

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.

City

Zip Code

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

Title	Name	Address	Type of Action
MGRM	Mayssan Shuayb	5434 Thorngrove Way	Add
		Spring Hill, FL 34609	Remove
			_ □
			Remove
<u> </u>			[]
			Remove
			_
		Ā.	_ LJ Add
		ALLAHASSE FLO	Remove PR 23
		ين رن دن ـ	23 PE
		ORIDA	P Add
			Remove
			_
			Add
٠			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Article III The purpose for which this Limited Liability Company is organized is:
Providing monogrammed Clothing AND Accessories to customers
AGG COSOICIES TO CASTOMERS
Dated April 17 , 2013
Signature of a member or authorized representative of a member
James Weyant
Typed or printed name of signee
Page 3 of 3
Filing Fee: \$25.00

2013 APR 23 PM 2: 56