L13000011800

· (Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600272684776

05/08/15--01033--003 **25.00

SECRETARY OF STATE

5/14/15 YS

COVER LETTER

го: ՝	Registration Section Division of Corpo			
SUBJI	ECT:	Monster Claus	d LCC	
		Name of Dimit	ed mastify company	
The er	nclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please	return all correspond	dence concerning this matter to	o the following:	
		204	Name of Person	
			Name of Person	
			Firm/Company	
		1121A S	21 St Ave	
			ruuress	
		ttollywa	City/State and Zip Code	
		Zohu (Dgo pCu Sa · Com to be used for future annual report notif	ication)
For fu	urther information co	ncerning this matter, please ca	all:	
M	aribel R Name of	L NCVCA Person	at (<u>305</u>) <u>933 –</u> Area Code Daytimo	15 33 Telephone Number
Encle	sed is a check for the	following amount:		
X \$	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L.	SHER Clorida Limited Liab	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liabil Florida document number <u>L13000011800</u>	ity Company w	ere filed on 1 23 2013 and assigned	
This amendment is submitted to amend the following. A. If amending name, enter the new name of the		ty company here:	
The new name must be distinguishable and end with the word	ds "Limited Liabilit	ity Company," the designation "LLC" or the abbreviation "LLC."	_
Enter new principal offices address, if applicable	e:	1121A S ZI ST AND	
(Principal office address MUST BE A STREET A		Hollywood, Fl 33020	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>.x)</u>	1121A S 215th Ame Hollywood, FT 33020	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office		ice address on our records, enter the name of the	<u>new</u>
Name of New Registered Agent:	EEN	1A Cloud LLC	
New Registered Office Address:	1121A	S 2154 AUL Enter Florida street address	_
-		City Florida 33020 Zip Code	
New Registered Agent's Signature, if changing Reg			
provisions of all statutes relative to the proper accept the obligations of my position as registe.	and complete p red agent as pr sistered office a	e to act in this capacity. I further agreet o comply with performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document address, I hereby confirm that the limited liability	datas.
	If Chang	ging Registered Agent, Shanature of New Registered Agent	
	Page 1	of 3	

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Type of Action Address Title Name 2564 NE Milanii Gardens Dr DAdd Zohar Pinhasi _ MGR Aventura Fl 33180 Crali Pinhasi 2564 ne Miami Gardens Dr DAdd MGR Aventura, Fl 33180 1121A S 21st ALL XAdd Zohar Pinnasi MGR Hollywood Fl 33020 Remove 11214 S 215+ Aue Charge Gali Pinhasi HCIR Hollywood Fl 33020 Remove ☐ Remove

	•	·	
		-	
			- ·
-			
_			
— Effectiv	e date, if other than the	e date of filing:	(optional)
Effectiv The effect	e date, if other than the	mot be prior to date of receipt or filed date and cannot be m	(optional) ore than 90 days after
Effective (The effect the date to	e date, if other than the live date must be specific, can his document is filed by the F	e date of filing: not be prior to date of receipt or filed date and cannot be m Florida Department of State)	(optional) ore than 90 days after
the date	e date, if other than the live date must be specific, can his document is filed by the F	e date of filing: mot be prior to date of receipt or filed date and cannot be m Florida Department of State)	(optional) ore than 90 days after
Effective (The effect the date of Dated	e date, if other than the live date must be specific, can his document is filed by the F	e date of filing: not be prior to date of receipt or filed date and cannot be m lorida Department of State)	(optional) ore than 90 days after
the date	e date, if other than the ive date must be specific, can his document is filed by the F	e date of filing: mot be prior to date of receipt or filed date and cannot be m florida Department of State)	(optional) ore than 90 days after
the date	e date, if other than the live date must be specific, can his document is filed by the F	Florida Department of State)	
the date	e date, if other than the live date must be specific, can his document is filed by the F	e date of filing: mot be prior to date of receipt or filed date and cannot be melorida Department of State) Signature of a member or authorized representative of a Tinuasi Typed or privited name of signee	

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE