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(((H16000117537 3)))



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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CHARM CONSULTING

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Phone : (754)234-3393

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**Enter the email address for this business entity to be used for Luture annual report mailings. Enter only one email address p1

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN. **MONACO 0202 LLC**

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Help BRUC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H160001175373

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MONACO 0202 LLC					
(Name of the Limi	ted Liability Comps (A Florida Limited)	ny as it now appear: Liability Company)	on our records.)	_
The Articles of Organization for this Limited Liability Company were filed on 04/16/2014 and a self-decomposition for this Limited Liability Company were filed on 04/16/2014.					
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name o	of the limited liab	ility company he	<u>re</u> :		
N/A					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	signation "LLC"	or the abbreviation	"L.L.C."
Enter new principal offices address, if appli	N/A				
(Principal office address MUST BE A STREET ADDRESS)				<u>.</u>	
			,,		
Enter new mailing address, if applicable:		N/A			·
(Mailing address MAY BE A POST OFFICE	BOX)				
B. If amending the registered agent and	l/or registered o	flice address on	our records,	ACTURE THE DAY	ne of the new
registered agent and/or the new registered of			ĺ	語 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
Name of New Registered Agent:	N/A			OF ST	0
New Registered Office Address:				图 5	
	Enter Florida street address				
			, Flo	rida	
		City		Zip Co	ode

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>	Address	Type of Action
MGRM	AMIR NASSAR	1120 S POWERLINE ROAD	Add
		POMPANO BEACH FL 33069	Remove
			□ Change
MGRM	FRANJES W CRUZ	1120 S POWERLINE ROAD	
		POMPANO BEACH FL 33069	☐ Remove
			□ Change
	·		□ Remove
			Change
			Add Add Remove
			Rennove
			GAdd
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change

unen	ding any other inform	ation, enter cha	nge(s) here:	(Attach addi	tional sheets,	if necessary	i.)	
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		Signature of a me	mber or author	ized representati	ve of a member			_
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