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COVER LETTER

	gistration Sec vision of Corp			
SUB IDOT.	MONSTER	FOLK, LLC		
SUBJECT		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return	all correspon	ndence concerning this matter t	to the following:	
		MICHAEL EDELBERG		
			Name of Person	
			Firm/Company	
		13011 SW 40TH STREET		
			Address	
		DAVIE, FL 33330		
			City/State and Zip Code	
		MICHAELEDELBERG@C	GMAIL.COM	
		E-mail address: (to be used for future annual report notif	ication)
For further i	information co	oncerning this matter, please ca	all:	
MICHAEL	EDELBERG	}	305 494-4485 at () Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne 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

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

TO ARTICLES OF ORGANIZATION OF

MUNSTER FULK, LLC		
(Name of the Limited Lia (A Ffo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L15000097516	y Company were filed on 06/04/15	and assigned
Florida document number	·	
This amendment is submitted to amend the following	g.	
A. If amending name, enter the new name of the l	limited liability company here:	
MONSTERFOLK, LLC		
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registered agent and/or the new registered office a		the name of the new
		Zo.
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	SS OF FRANCE
_	, Florida	
	City	ZipiCode III
New Registered Agent's Signature, if changing Regis		088 87 87 87 87 87 87 87 87 87 87 87 87 8
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper ar accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this char	nd complete performance of my duties, and 1 am f ed agent as provided for in Chapter 605, F.S. Or, stered office address, I hereby confirm that the lin	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			☐ Change
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Effective date, if other than the	t be specific and cannot be prior to a	date of filing or more than 9	(optional) O days after filing.) P	ursuant to 605.0207 (3	3)(b)
Note: If the date inserted in this blo document's effective date on the Do	ock does not meet the applicable partment of State's records.	e statutory filing require	ments, this date wi	Il not be listed as the	10
				TOR AMERICA	
ne record specifies a delayed	l effective date, but not a	in effective time, at	: 12:01 a.m. or	the earlier 3:	****
The 90th day after the rec	ord is filed.			55 E	اد جريده
				38 78 5	7.70
JUNE 10 Dated	2015				معلقمين
/aicc	1.1	•		·	F + 1
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	Signature of a member or authorize	ed representative of a men	ber		
	orbitation of a member of authority	and a prosecutative of a filett		2 > 1	
	MICHAEL EDEL	LBERG			

Page 3 of 3

Filing Fee: \$25.00