## LISOCCC 97516

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2.2. 2.2. 2)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200335944232

10/24/19--01008--002 \*\*30.00

FILED

19 OCT 24 PHIO: 45

T SCHROEDER

## **COVER LETTER**

	stration Secsion of Corp			
SUBJECT:	MONSTER	FOLK, LLC		
300,000		Name of Lim	ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Michael Edelberg		
		<del></del>	Name of Person	
		Fine Art Exchange Networ	k	
			Firm'Company	
		13011 SW 40th St.		
			Address	
		Davie, FL 33330		
			City/State and Zip Code	
		Michaeledelbe E-mail address: (	rg@gmail.com	fication)
For further in	formation co	oncerning this matter, please ca		
Michael Edel	berg		305 494-4485	
	Name of	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 Fi	ling 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)
	MAILI	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MONSTERFOLK, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{06/04/2015}{1}$ and assigned Florida document number L15000097516 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Fine Art Exchange Network, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City 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 \_\_ 🗆 Add

	U Remove	
 	Add	
	□ Remove	
	Change	
	Remove	
	· · · · · · · · · · · · · · · · · · ·	7
 		- -
	☐ Remove—	,
	Remove	
	Change	
 -		
	Remove	
	Change	

			 <del>.</del>			
_					<del></del>	
						<del>-</del>
_			 			
			 <del> </del>			
	÷				<u></u> <u>⊁∪</u>	19
						0C.T
				· · · · · ·	7.00	24
-					· · · · · · · · · · · · · · · · · · ·	
		_	 			PH 10: 45
_						<u> </u>
_			 · · · · · · · · · · · · · · · · · · ·			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00