

Division of Corporations

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L1500012510

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

L15-112510

From:

Account Name : UNITED CORPORATE SERVICES, INC.
Account Number : 120140000108
Phone : (914) 949-9188
Fax Number : (914) 949-9618

Amend

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

Email Address: brandonweiskopf7@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GOLDEN MONKEY, LLC**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$55.00

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TALLAHASSEE, FLORIDA**FILED****MAR -2 2016****N. CAUSSEAU**

Electronic Filing Menu

Corporate Filing Menu

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Golden Monkey, 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 07/02/2015Florida document number L15000112510

and assigned

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

32 S.E. 2nd Avenue, Unit 635, Delray Beach, FL 33444**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

32 S.E. 2nd Avenue, Unit 635, Delray Beach, FL 33444**(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

_____, Florida _____
City Zip Code**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

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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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ALLAIPSE
STATE
FLORIDA

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STATE OF ARIZONA

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

/s/ Brandon Weiskopf

Signature of a member or authorized representative of a member

BRANDON V. WEISKOPF

Typed or printed name of signee

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