

L15000203180

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(Business Entity Name)

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2016 APR 11 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

APR 14 -



To Whom It May Concern:

I am writing this letter to include my phone number and address as stated in the Paperwork for Filing for changes. Below is a number I can be reached at:

Amanda Putetti 305-393-2492

130 Mohawk St.

Tavernier, FL 33070

The enclosed is the paperwork to remove current MGR Shirley Wilson and add MGR Titus Rennie.

Please let me know if you have any questions.

Thank You,

A handwritten signature in black ink, appearing to read "A Putetti". To the right of the signature, the initials "C.F.D." are written in a smaller, less stylized script.

Amanda Putetti Registered Agent of Monifi Technology Group, LLC.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Monifi Technology Group, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amanda Putetti

Name of Person

Monifi Technology Group, LLC

Firm/Company

82801 Overseas Hwy #1439

Address

Islamorada, FL 33036

City/State and Zip Code

accounts@monifi.tech

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Putetti

305 393-2492
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Monifi Technology Group, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2016 APR 11 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on December 9, 2015 and assigned Florida document number L15000203180.

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:

(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

_____, 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

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>
MGR	Shirley Allen Wilson	302 Matecumbe Avenue	<input type="checkbox"/> Add
		Islamorada, FL 33036	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Titus Hale Rennie	130 Mohawk St.	<input checked="" type="checkbox"/> Add
		Islamorada, FL 33070	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2008 APR 1 11:00
 STATE OF FLORIDA
 TALLAHASSEE
 LEGISLATIVE
 CLERK'S OFFICE

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2016 APR 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2016 APR 11 AM 11:07
STATE OF ARIZONA
TALLAHASSEE

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated April 5th, 2016

April 5th 2018



Signature of a member or authorized representative of a member

Amanda M. Putetti

Typed or printed name of signee