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(Req	uestor's Name)	<u></u>
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Certified Copies	Certificate	s of Status
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COVER LETTER

TO:	Registration Se Division of Cor			
SUR	MONN Ho	ldings, LLC		
500	, i.e	Name of Lim	ited Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Pleas	e return all correspo	ndence concerning this matter	to the following:	
		Olesya Waltz		
	•	,,,	Name of Person	
		MONN Holdings, LLC		
			Firm/Company	
		163 Palm River Blvd		
			Address	
		Naples, FL 34110		
			City/State and Zip Code	
		monn.company@gmail.com		
		E-mail address: (to be used for future unnual report notific	cation)
l or fi	urther information c	oncerning this matter, please co	all,	
Oles	ya Waltz		239 297-2960 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enck	osed is a check for th	ne following amount:		
SA S	25.00 Filing Fec	☐ \$30.00 Filing Fee & Centificate 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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MONN Holdings, LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 12/04/2015	and assigned
Florida document number L15000203240		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		TILE L
(Principal office address MUST BE A STREET ADDRESS)		300 G
		PH 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Degistered Agent's Signature if changing Degistered Agents		

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
MGR	Michael Welsby	4620 8TH AVE NE	□ Add
		NAPLES, FL 34120	■ Remove
			☐ Change
MGR	Nikolay Zubkov	163 Palm River Blvd	■ Add
		Naples, FL 34110	□ Remove
			□ Change
MGR	Natalia Zubkova	163 Palm River Blvd	■ Add
		Naples. FL 34110	Remove
			Remove OF Change Change
			P. P
			☐ Change
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ote:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
The	
	8.22 2017
	8.22 2017. Olema World
The ated	8.22 2017. Olema Well Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00