## L16000000862

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	MONA Name of Lim	SANTA LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Dori	UA SOUNASTA Name of Person	PE
	PRIMO VA	Firm/Company	RIDA
	1524	HANCOCK BRID	Ge PKWY. Und E
	Affe ( BIGARRE	ORAL, F7. 33  City/State and Zip Code  CATERINGI ( 44h)  to be used for future annual report notifi	ge PKWY. Und E
For further information of	E-mail address: (concerning this matter, please ca		ication)
DORINA	SOUMASTRE of Person	at ( <u>39</u> ) <u>910</u> Area Code Daytime	
Enclosed is a check for t	the following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Tallahassee, FL	porations allahassee : Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MONA SAI	OTA LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L - / &amp; 00000086 J</u> .	ny were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	126 SE 12 Ave	we
(Principal office address MUST BE A STREET ADDRESS)	Cape COLAZ, F.	1 33990
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	126 SE 12° Ave Cape Coxel, 7	eune 7. 33990
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the nar	me of the new registered
Name of New Registered Agent:	<del> </del>	<u> </u>
New Registered Office Address:	Enter Florida street address	
<del></del>	, Florida	Zip Code
	City	гір Соае

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added cor removed from our records:

MGR = Manager

**AMBR** = **Authorized Member** 

<u>Title</u>	Name	Address	Type of Action
Mak	DORINA SOUMASTRE	126 SE 12 + Ave.	<b>X</b> IAdd
·		126 SE 12 + Ave. Cape CORAZ, FI 33990	□Remove
			□ Change
			□Add
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ective date, if other than the date of filing:  a effective date is listed, the date must be specific and cannot be prior to date of filite; If the date inserted in this block does not meet the applicable statuto nument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:0 is filed.	
ned May 22, 2023.	
May 22, 2023.  Lassu Jalung Signature of a member of authorized repres	Parameter containing the second containing t
CAESAL SOUMAS. Typed or printed name of s	

Filing Fee: \$25.00