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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: The Monagram Ofand 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:
Name of Person
The Mongram Otand Firm/Company
617 Cypresio Ook CR. Address
Deland, FL 32720 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  at (407) 913-921 (p  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(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

# TO ARTICLES OF ORGANIZATION OF

The M	longgram Stand		_
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)		
	lity Company were filed on January 14, 2	<u>016</u> and	assigned
Florida document number <u>L16000105</u>	13		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the	abbreviation	"L.L.C."
Enter new principal offices address, if applicable	e:		
Principal office address MUST BE A STREET A	ADDRESS)		
			<del></del>
Enter new mailing address, if applicable:			
<u>Mailing address MAY BE A POST OFFICE BO</u>	<u>x</u> )		
R. If amending the registered agent and/or	registered office address on our records, enter	r thể nar	ne of the no
registered agent and/or the new registered office			on Ti
		क्रिक क्षेत्र	EB
Name of New Registered Agent:		100 to	8
New Registered Office Address:			7 17
	Enter Florida street address		ယ္ 🚃
_	, Florida _	<u>G</u>	7
	City	Zip Co	kle

### 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

# or removed from our records:

MGR = Manager

AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action	
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Filing Fee: \$25.00