116000091317

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Season of Con					
Monk's Dit	ner & Comedy Club, LLC				
SUBJEC1:	Name of Lim	ited Liability (ompany	,	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for fili	ng.		
Please return all correspo	ondence concerning this matter	to the follow	iog:		
	Michael Cruz				
		Name o	Person	, <u>, , , , , , , , , , , , , , , , , , </u>	
		Firm/C	ompany	· · · · · · · · · · · · · · · · · · ·	
	328 S Elm Dr, Apt 5				
		Ado	ress		
	Beverly Hills, CA 90212				
		City/State a	nd Zip C	Code	· ···
	contactmikecruz@yahoo.co				
			liture an	nual report notifica	ition)
For further information of	oncerning this matter, please ca	ıli:			
Michael Cruz		42 at (4	389-6080)	
Name o	f Person	An	a Code	Daytime T	elephone Number
Enclosed is a check for t	he following amount:		i		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status		ed Cop		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314		Regi Divi Clift 2661	stration Section sion of Corporation on Building Executive Center shassee, FL 3230	ons er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limite)	Liability Compa A Florida Limited I	ny as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Lia Florida document number £16000091317	bility Company		
This amendment is submitted to amend the follow	•		
A. If amending name, enter the new name of	ine iimited uab	ony company nere:	
The new name must be distinguishable and contain the wo	rds "Limited Liabil	ty Company," the designation "LLC" or the abbreviation "L.L.C."	SEI
Enter new principal offices address, if applica	ble:		ER ER
(Principal office address MUST BE A STREET	ADDRESS)	<u>*</u>	≥≥.
		~	SEA!
		- 	<u>, m</u> & (
Enter your malling address if annively			0 1 S
Enter new mailing address, if applicable:			PATE OF THE PATE O
(Mailing address MAY BE A POST OFFICE B	(\underline{ox})		<u>``</u>
B. If amending the registered agent and/or registered agent and/or the new registered off	ce address her		e new
Name of New Registered Agent:	Blackwood Ho	dings Group, LLC	
New Registered Office Address:	118 East Jeffen	on Street, 3rd Floor	
		Enter Florida street address	
	Orlando	, Florida ³²⁸⁰¹	
		City Zip Code	
New Registered Agent's Signature, if changing Re	gistered Agent:		
provisions of all statutes relative to the proper accept the obligations of my position as regist	r and complete ered agent as p gistered office	ee to act in this capacity. I further agree to comply win performance of my duties, and I am familiar with ana provided for in Chapter 605, F.S. Or, if this document address, I hereby confirm that the limited liability	<i>!</i>
	<u> ΓΓ Ch</u>	Michee Pouz ging Registered Agent, Signature of New Registered Agent	

Page 1 of 3

	g Authorized Person(s) authorized to from our records:	o manage, enter the title, name, and a	address of each person being add
MGR= M	•		
<u> </u>	<u>Name</u>	Address	Type of Action
AMBR	UNITED F&B, LLC	1045 Old Camp Rd	
		The Villages, FL 32162	Remove
			□ Change
			□ Add
			☐ Remove
			Change
			□ Remove
			Change
			□ ∧dd
			□ Remove
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			☐ Remove
			☐ Change
		-	□ Add
			Remove
			Change

D. If amending any other informa	ntion, enter change(s) here:	(Attach additional sheets, if necessary.)	
			
			18 L
			LAHASS
			SEI
			PH 1:
			0RIDA
			
			
E. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	st be specific and cannot be prior to lock does not meet the applicab	(optional) date of filing or more than 90 days after filing.) Pursule statutory filing requirements, this date will reference to the statutory filing requirements.	uant to 605.0207 (3)(b) not be listed as the
If the record specifies a delaye (b) The 90th day after the rec		an effective time, at 12:01 a.m. on the	he earlier of:
Dated	2018		
Millae,	Donns		
	Signature of a member or authori	zed representative of a member	
Michael Cruz	Typed or printed	name of signer	
	**	1 "	

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Filing Fee: \$25.00