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(Re	equestor's Name)	
(Ac	ddress)	
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(Do	ocument Number)	1
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## IRA R. SHAPIRO, P.A.

ATTORNEYS AND COUNSELORS AT LAW BAYLEE EXECUTIVE CENTER • SUITE 225 16375 NORTHEAST 18<sup>34</sup> AVENUE NORTH MIAM! BEACH, FLORIDA 33162

IRA R. SHAPIRO BAYLEE L. SHIENBAUM DADE: (305) 944-3936 BROWARD: (954) 763-5801 FACSIMILE: (305) 944-3345 EMAIL: office@irarshapiropa.com

March 23, 2020

Via FedEx 7700 8008 5160

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

Re: Monolith Capital LLC

Articles of Amendment

To Whom It May Concern:

Please find enclosed an Articles of Amendment to Articles of Organization for Monolith Capital LLC, a Florida limited liability company. Also enclosed is my check in the amount of \$25.00 for the filing fee.

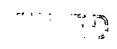
Sincerely,

IRA R. SHAPIRO

IRS/gg Encl.

scorp pokora 32320

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MONOLITH CAPITAL 11 C

20201179 24 PH 4: 25

(Name of the Limited Liabil (A Floric	lity Company as it now appears on our records. da Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability (Florida document number L16000113932	Company were filed on June 13, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registerongent and/or the new registered office address here:		he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flor	rida
	City	77

## 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	John Hohos	524 First Street	■Add
		Port St. Joe. FL 32456	
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
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amen	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	(antional)
Note:	ve date, if other than the date of filing:
e recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	12 March 2070.
	0 22
	Signature of a member or authorized representative of a member
	Robert W. Pokora
	Typed or printed name of signee

Filing Fee: \$25.00