

L16000205338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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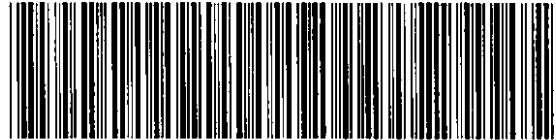
(Business Entity Name)

(Document Number)

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FEB 22 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Monokrom Design, LLC

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:

Karen Quezada

Name of Person

Monokrom Design, LLC

Firm/Company

2641 SW 31 Ct

Address

Miami, Florida 33133

City/State and Zip Code

kzada001@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Quezada

786

683-7830

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Monochrome + Pattern Design Studio LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/8/2016 and assigned
Florida document number L16000205338.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Monokrom Design, LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

2641 SW 31 Ct

Miami, Florida. 33133

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2641 SW 31 Ct

Miami, FL. 33133

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Karen P. Quezada

New Registered Office Address:

2641 SW 31 Ct

Enter Florida street address

Miami

City

Florida 33133

Zip Code

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Karen Quezada</u>	<u>2641 SW 31st.</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL. 33133</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Shaneiry Rivera</u>	<u>3232 NW 100th.</u>	<input type="checkbox"/> Add
		<u>Miami, FL. 33147</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Ramon Quezada</u>	<u>2641 SW 31st.</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL. 33133</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated FEB. 10, 2017

Signature of a member or authorized representative of a member

Karen Drezada
Typed or printed name of signee