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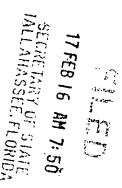
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(1	Reque	estor's Name	;)	
(/	Addre	ess)		
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	City/S	State/Zip/Pho	ne #)	
PICK-UP		MAIT		MAIL
	Rusin	ess Entity Na	ama)	
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Special Instructions	to Fili	ing Officer:		





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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE		MONKEY'S, LLC		
SOLUE	C1.		ited Liability Company	
			•	
The enc	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspor	ndence concerning this matter	to the following:	
		Kevin M. Murtha		
			Name of Person	
		The Murtha Law Group, P	'A	
			Firm/Company	
7351 Office Park Place				
	,		Address	
		Melbourne, Florida, 32940)	
			City/State and Zip Code	
		kmurtha@murthalaw.us	to be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please co	·	carrony
KEVIN	M. MURTHA		321 600-4989	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
☐ \$2 <i>5</i>	.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

any as it now appears on our records. Liability Company)	2)
y were filed on <u>02/02/2017</u>	and assigned
bility company here:	
ility Company," the designation "LLC"	or the abbreviation "L.L.C."
6351 PORTOFINO LANE	≥0:
Melbourne, Florida, 32940	7 (C)
	₹ 28
	SSI 16
PO BOX 929	
Mashpee, MA, 02649	[S 7
	50 880
	5
office address on our records, re:	, enter the name of the
Enter Florida street address	
Enter Florida street address	
	bility company here: ility Company." the designation "LLC" 6351 PORTOFINO LANE Melbourne, Florida, 32940 PO BOX 929 Mashpee, MA, 02649 office address on our records,

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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			□ Change
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to d	(optional) ate of filing or more than 90 days after filing.) Pursuant to 605.020
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	
ne record specifies a delayed effective date, but not a The 90th day after the record is filed.	n effective time, at 12:01 a.m. on the earlier o
Dated February 14 2017	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00