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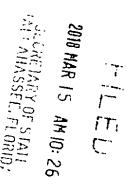
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 ming Officer.

Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	. ^	Mone LLC	
	Name/of Limit	ed Liability Company	
The enclosed Articles of A	amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	Eenest	+ Collins J	n_
	Runwa	Name of Person J Noin LL Firm/Company Orange Address	C
		Firm/Company	
	480 /	1. Orange F	TUE
		Address	
	ORland	10 FL 3	280/
	Maas	City/State and Zip Code ne. + O Rynwa i be used for future annual report	, , ,
	E-mail address: (to	be used for future annual report	notification)
For further information con	ncerning this matter, please cal		
Emest	Collins Un Person	at (407) 7	64 8807
Name of I	Person	Area Code Da	ytime 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 Fiting 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

	Poin LL	_			
(<u>Name of the Limited I</u> (A	Liability Company as it Florida Limited Liability	now appears or Company)	our records.)		_
The Articles of Organization for this Limited Liabi	lity Company were 3 3고년8	filed on	11/10/7	7 and	assigned
This amendment is submitted to amend the followi	ng:				
A. If amending name, enter the new name of th	e limited liability co	ompany here:			
					
The new name must be distinguishable and contain the words	s "Limited Liability Con	ipany," the desig	nation "LLC" or	the abbreviation	·"L.L.C."
Enter new principal offices address, if applicabl	e:				
Principal office address MUST BE A STREET A	(DDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>x</u>	3305 Ampa	Pine FL	Top D 33594	hive
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		ddress on ou	ır records, <u>e</u>	nter-Lanass	pe of the new
	3205	Ang:	Too Do	, 10° ₩	Γï
New Registered Office Address:	<u> </u>	Enter Florida :	street address		
	3305 TAmpa		. Florid	53 2 S	94
-	Ci	ίλ.	, 1 10/110	Zip Ce	ode

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	
AMRR - Authorized Member	

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Juan Vincent	3305 RNE Top Dave TAMPON FL 33594	D Add
		TAMPA FL 33594	Remove
			Change
			
			☐ Remove
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Note:	ive date, if other than the date of filing: 3-12-18 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl 90th day after the record is filed.	lier o
Dated	3-12 18 Invet (20m D2	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00