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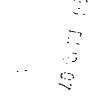
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COVER LETTER

	tegistration Se division of Cor			
eup teca	Monark Cap	pital Group LLC		
SUBJECT	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		Houston Reid		
		Monark Capital Group LL	Name of Person	
		10651 sw 40th manor	Firm/Company	<u> </u>
		Davie FL 33328	Address	
		info@monarkcap.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	fication)
For further	information co	oncerning this matter, please ca	all:	
Houston R			954 224-3702 at ()	
	Name of	f Person	Area Code Daytime	e Telephone Number
Enclosed i	s a check for th	ne 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:

TO:

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

Monark Capital Group LLC		
(Name of the Limited Liah (A Flor	ility Company as it now appears on our records ida Limited Liability Company)	<u>.)</u>
The Articles of Organization for this Limited Liability	Company were filed on 04/04/2018	
Florida document number L18000084828		
This amendment is submitted to amend the following:		h
A. If amending name, enter the new name of the li	mited liability company here:	
<u></u>	<u>,,</u> .	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
•	, , , , , , , , , , , , , , , , , , , ,	÷
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADL</u>	DRESS)	. ~
Enter new mailing address, if applicable:		
•		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or reg		enter the name of the
registered agent and/or the new registered office ad	idress nere:	
Name of New Registered Agent:		· ·
New Registered Office Address:		
New Registered Office / Rudess.	Enter Florida street address	
	, Flo	rida
		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>	Type of Action
AMBR	Juan Sebastian Velandia	17880 NE 31st Court apt# 2305 Aventura FI 33160	5
			∃ Add
			□ Remove
			Change
<u></u>			Add
			. 3
			-
			Change
			53 A.M.
			□ Add
			□ Remove
			· Change
		 	Add
			Remove
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			Remove
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			☐ Remove
			☐ Change

If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
	,
	
	\cdot
(If an Not	effective date, if other than the date of filing:
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.
Date	November 16 . 2018
	Signature of a member or authorized representative of a member
	1-16-1
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00