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COVER LETTER

TO:	Registration Se Division of Cor			
CLID LEA	nar.	TH MONROE STREET LLC		
SUBJEC	-1; <u> </u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		RICHARD C. STODDAR	D, REGISTERED AGENT	
			Name of Person	
RICHARD C. STODDARD ATTORNEY AT LAW				
			Firm/Company	
3100 UNIVERSITY BOULEVARD SOUTH				
			Address	
		SUITE 101		
			City/State and Zip Code	
		RSCLAW@BELLSOUTH.		
		E-mail address: (to be used for future annual report noti-	fication)
For furth	er information co	oncerning this matter, please ca	ali:	
RICHARD C. STODDARD		RD	904 724-5060 at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed	l is 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**

(Name of the Limited Liability Co	ompany as it now appears on our records.) nited Liability Company)	
(A Florida Lin	nited Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number L18000094036	pany were filed on APRIL 13, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u>(S)</u>	18 ALL
		APR
		ASS ASS
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		FLO FLO
		ZO REIG
3. If amending the registered agent and/or registere registered agent and/or the new registered office address		ter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.		
New Registered Office Address.	Enter Florida street address	
New Registered Office Address.	Enter Florida street address , Florida	

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>	Name	Address	Type of Action
			□ Add
			□ Remove
,			Change
			Add
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ective date, if other than the deffective date is listed, the date must e: If the date inserted in this blocument's effective date on the Department.	be specific and cannot be prior ck does not meet the applic	cable statutory filing re	(optional) than 90 days after filing.) F quirements, this date w	ursuant to 605.
record specifies a delayed ne 90th day after the reco		ot an effective time	e, at 12:01 a.m. or	າ the earlie
ed April 18	, 2018	·		
	Dirtural C.	Stablasel	member	

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Filing Fee: \$25.00