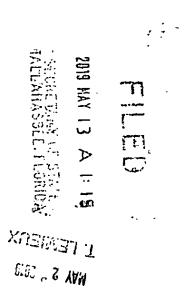
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Office Use Only



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COVER LETTER

	ration Secon of Corp			
Ŋ	Monarch B	alfroom Tallahassee LLC		
SUBJECT: _				
		Name of Lim	ited Liability Company	
The enclosed A	rticles of /	Amendment and fee(s) are sub-	mitted for filing.	
Please return al	l correspor	ndence concerning this matter	to the following:	
		Chris L. Thomas		
		-	Name of Person	
		Chris L. Thomas		
			Firm/Company	
		9802 Woodrose Lane		
			Address	
		Jacksonville, FL 32257		
		ChrisThomas67@gmail.co		
		E-mail address: (to be used for future annual report notifica	ation)
For further info	rmation co	ncerning this matter, please ca	ıll:	
Krista R. Thor	nas		904 730-7900	
<u>. </u>	Name of	Person	at () Area Code Daytime T	elephone Number
Enclosed is a cl	neck for the	e following amount:		
■ \$25.00 Filir		□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
2 - 1 · 0 · 1 · 1 · 1 · 1	U	Certificate of Status	Certified Copy (additional copy is enclosed)	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

Monarch Ballroom Tallahassee Ll	C	FILED
(<u>Name of the Limi</u>	ted Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) mpany)
The Articles of Organization for this Limited L Florida document number	iability Company were file	
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability com	pany here:
The new name must be distinguishable and contain the v	vords "Limited Liability Compa	ry," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic		
Principal office address MUST BE A STREE	·	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	BOX)	
		
B. If amending the registered agent and registered agent and/or the new registered of		ress on our records, enter the name of the new
The state of the s	nee door ess here.	
Name of New Registered Agent:	Eric N. Lawson, Esq.	
New Registered Office Address:	2300 Marsh Point Road,	Suite 202
_		Inter Florida street address
	Neptune Beach	Florida
	City	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
CEO	Michael A. Schroeder	1537 Coombs Drive, Tallahassee, 14, 32308	
			■ Remove
A (CI)	Police D 29		Change
MGR	Krista R. Thomas	9802 Woodrose Lane, Jacksonville FL32257	Add
			Remove
			
			□ Remove
			Change
			Remove
			Change
			
			Remove
			Change
			Remove

				 	
					
					
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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this I document's effective date on the limits.	plock does not meet:	the applicable :	te of filing or more to statutory filing rec	(optional) han 90 days after filing puirements, this date	.) Pursuant to 605.0207 (will not be listed as t
ne record specifies a delaye The 90th day after the re	ed effective date cord is filed.	, but not an	effective time	, at 12:01 a.m.	on the earlier of:
May 9	2	.019			
Dated	· -	·			
	72				
					
	Signature of a memb	oer or authorized	representative of a	member	<u> </u>

Page 3 of 3

Filing Fee: \$25.00