1900001040

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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: MONG	an & Sons t	kawing LC	
J	Name of Unito	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon-	dence concerning this matter to	o the following:	
	Jos-eth A	Pichand Morgan Name of Person	
			•
	60 60x	14R Civole No	rth_
	Craw forduit	le FC 323.2 City/State and Zip Code	7
	E-mail address: (to	be used for future annual report notification	ation)
For further information co	ncerning this matter, please cal	II:	
JOS-eph Name of	<u>Person</u>	1 at () 850 Area Code Daytime T	- 35 4- 449/ Celephone 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 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 ARTICLES OF ORGANIZATION

FILED Florida document number <u>L190000</u>1040 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 the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

60 Garner Circle North

Enter Florida street address

Crawfor dville Florida 32327

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 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 Type of Action Title Address Name Joseph R Filly 60 Garner Circle North Craw forduille FL ☐ Remove ☐ Change 1488 Sof Charry Hwy MCR fough Kg Solchoffy FL 32358 **№** Remove _□ Change □ Add □ Remove __ 🗆 Change □ Add ☐ Remove ☐ Change □ Add _□ Remove □ Change □ Add _□ Remove

☐ Change

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