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IRA R. SHAPIRO, P.A.

ATTORNEYS AND COUNSELORS AT LAW BAYLEE EXECUTIVE CENTER • SUITE 225 16375 NORTHEAST 18Th AVENUE NORTH MIAMI BEACH, FLORIDA 33162

IRA R. SHAPIRO BAYLEE L. SHIENBAUM DADE: (305) 944-3936 BROWARD: (954) 763-5801 FACSIMILE: (305) 944-3345 EMAIL: office@irarshapiropa.com

February 14, 2019

VIA FEDEX 774471897363

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Monolith Management LLC Articles of Amendment

Chapura

To Whom It May Concern:

Please find enclosed an Articles of Amendment to Articles of Organization for Monolah Management LLC, a Florida limited liability company. Also enclosed is my check in the amount of \$25.00 for the filing fee.

Sincerely,

Encl.

IRS/sma

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations				
CUD ITZT.	MONOLIT	TH MANAGEMENT LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	`
		IRA R. SHAPIRO		
			Name of Person	
		IRA R. SHAPIRO, P.A.		
			Firm/Company	
		16375 NE 18TH AVENUI	E, SUITE 225	
			Address	
		NORTH MIAMI BEACH.	FL 33162	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further in	nformation c	oncerning this matter, please ca	all:	
IRA R. SHA	APIRO		305 944-3936 at ()	
	Name o	f Person	Area Code Daytimo	Telephone Number
Enclosed is a	check for th	he following amount:		
■ \$ 25.60 r	iling 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)
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURING Registration Section Division of Corpora Clifton Building	า

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MONOLITH MANAGEMENT LLC

T	0			
ARTICLES OF ORGANIZATION				
O	OF A STATE OF THE			
MONOLITH MANAGEMENT LLC				
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000005423</u> .	ORGANIZATION OF Any as it now appears on our records.) Liability Company) were filed on JANUARY 8, 2019 and assigned.	<u>.</u>		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	525 3rd Street			
(Principal office address MUST BE A STREET ADDRESS)	Port St. Joe, FL 32456			
Enter new mailing address, if applicable:	525 3rd Street			
Mailing address MAY BE A POST OFFICE BOX)	Port St. Joe, FL 32456			
Midding dadress WAT BE ATOST OFFICE BOX	· · · · · · · · · · · · · · · · · · ·			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the new			
	•			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	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>	Address	Type of Action
MGR	ROBERT W. POKORA	525 3rd Street	
		Port St. Joe, FL 32456	☐ Remove
			■ Change
MGR	AGNIYA MIRGORODSKAYA	525 3rd Street	= Add
		Port St. Joe. FL 32456	☐ Remove
			Change
			□ Add
			□ Remove
			Change
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ın effecti	date, if other tha	ite must be speci	fic and cannot b	e prior to date o	of filing or more th	ian 90 days after	filing.) Pursuant to 60	5.020
<u>ote:</u> If t ocument	he date inserted in the seffective date on	this block does the Departmen	not meet the t of State's re	applicable sta cords.	tutory tiling rec	uirements, this	date will not be its	aca as
recor	d specifies a de	layed effecti	ive date, b	ut not an e	ffective time	, at 12:01 a	.m. on the earl	ier o
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Typed or printed name of signee

Filing Fee: \$25.00