(Requestor's Name)			
(Address)	_ 200402197252		
(Address) (City/State/Zip/Phone #)	-		
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(Business Entity Name)	_		
(Document Number)	-		
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TO:	Registration Section
	Division of Corporations

NONZO SUBJECT: Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Persor Firm/Company COCONIN Address 2500 be used for future annual report notification) E-mail address:

For further information concerning this matter, please call:

Daytime Telephone 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 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

	CLES OF AMENDME! TO LES OF ORGANIZAT OF		
Mon Zon Co (Name of the Limited I (A)	ASTRUCTION LU tability Company as it now appears Torida Limited Liability Company)	<u>Son our records.</u>)	
The Articles of Organization for this Limited Liabi Florida document number <u>L90000258</u>	lity Company were filed on. T	2000 24, 2019 and assigned	
This amendment is submitted to amend the following	ng:		
A. If amending name, <u>enter the new name of the</u> Monzon Crane & Cor The new name must be distinguishable and contain the words	Staution 112		_
Enter new principal offices address, if applicable	e:		_
(Principal office address MUST BE A STREET A	(DDRESS)		71
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BO</u>	<u></u>	BIO AM 9 36	
B. If amending the registered agent and/or regis agent and/or the new registered office address h		ecords. <u>enter the name of the new regist</u>	<u>ered</u>
Name of New Registered Agent:	·		_
New Registered Office Address:	Enter Flori	ida street address	
_	etter	, Florida Zıp Code	_
New Registered Agent's Signature, if changing Regi	City stered Agent:	Zip Voue	
isen wegisteren rigent solgnature, ir enanging weg			

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 an chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, 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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

.

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			🗆 Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

If the record specifies a delayed effective date, but not an effective time, at 2.01 a m, on the earlier of: (b) The 90th day after the record is filed.

Dated February 3. 2023	_
Signature of a member or authorized representative of a member	
Chrystal McGZCA Typed or printed name of signee	•