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(Rec	questor's Name)	
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COVER LETTER

Division of Cor	rporations				
	R CARS LLC				
SÚBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
·	DENNIS HELPER				
		Name of Person		_	
	MONSTER CARS LLC				
		Firm/Company		-	
·	17130 AVENUE LE RIVA	NGE			
		Address		2	<u> </u>
	BOCA RATON, FL 33490	5		2019 APR 3U	•
	•	City/State and Zip Code			
	DHELPER@RUNBOX.CO	DM		2	
	E-mail address: (to be used for future annual report notific	cation)	20.0	 רו
For further information of	concerning this matter, please c	alf;			-
DENNIS HELPER		561 541-2663		. o	`
Name o	of Person		Felephone Numbe	г	
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status	

MAILING ADDRESS:

TO:

TO THE PERSON IN

Registration Section

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

MONSTER CARS LLC

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I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance as provided for i	of my duties, and I am fo n Chapter 605, F.S. Or,	amiliar with and if this document is
New Registered Agent's Signature, if changing Registered Age	nt:		
	City	, Florida	Zip Code
New Registered Office Address:	Enter	Florida street address	
Name of New Registered Agent:			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		on our records, enter	the mame of the ne

(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	
Enter new mailing address, if applicable:			APR D
			2019
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
Enter new principal offices address, if applicable:		_	
The new name must be distinguishable and contain the words "Limited Li	iability Company." th	ne designation "LLC" or the abl	previation "L.L.C."
A. If amending name, enter the new name of the limited l	iability company	here:	
This amendment is submitted to amend the following:			
Florida document number L19000077156			
The Articles of Organization for this Limited Liability Compa	my were filed on	MARCH 19, 2019	and assigned

If amending Author
or removed from ou

MGR = Manager
AMBR = Authorize

Title Nam . If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARIA CANAI.	17130 AVENUE LE RIVAGE BOCA RATON, FL 33496	⊭ Add
			☐ Remove
			☐ Change
	·		D Add
			Remove
			Change
			Add
			APROVED APROVED APROVED APROVED
			Remove
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E. Effect	MARCH 19, 2019 tive date, if other than the date of filing: Tective date is listed, the date must be specific and cannot be prior to date of filing.	(optional)	05 0307 /3V
Note:	If the date inserted in this block does not meet the applicable statutory nent's effective date on the Department of State's records.	filing requirements, this date will not be lis	sted as the
	cord specifies a delayed effective date, but not an effect e 90th day after the record is filed.	ive time, at 12:01 a.m. on the earl	lier of:
Dated	APRIL 26 2019		
Dated			
	Signature of a member or astherized represer	ntative of a member	
	rightate of a memory of assenting the representation	A35151 - W 574 46 4115/2116/5/1	

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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00