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SECRETARY OF STATE

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COVER LETTER

TO:	Registration So Division of Cor					
		TERPRISES, LLC	•			
SUBJ	ЕСТ:	Nume of Lim	nited Liability Company	· · · · · · · · · · · · · · · · · · ·		
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		Monica Larcada				
		MONI ENTERPRISES, L	Name of Person LC			
		Firm/Company 1800 N Bayshore Drive Apt. 2002				
		Miami, FL 33132	Address			
		mlarcada@gmail.com	City/State and Zip Code			
		E-mail address: (to be used for future annual report notif	ication)		
For fu	rther information c	oncerning this matter, please co	all:			
Monie	ca Larcada		305 799-2486			
	Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclos	sed is a check for th	ne following amount:				
■ \$2	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 TO ARTICLES OF ORGANIZATION OF

MONI ENTERPRISES, LLC				
(Name of the Limited (A	Liability Company as it now appears on our reco Florida Limited Liability Company)	ords.)		
The Articles of Organization for this Limited Liab Florida document number L19000109036	ility Company were filed on	and assigned		
his amendment is submitted to amend the follow	ing:			
A. If amending name, <u>enter the new name of th</u>	ne limited liability company here:			
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "L	J.C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicab	le:			
Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: Mailing address MAY BE A <u>POST OFFICE BO</u>		AN TO SEE SEE		
		II: 23		
 If amending the registered agent and/or registered agent and/or the new registered office. 	registered office address on our reco e <u>address here</u> :	rds, <u>enter the name of the</u>		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street ada	dress		
	City	Florida 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>	Name Monica Larcada	Address 1800 N Bayshore Drive Apt. 2002	Type of Action
MGR			Add
		Miami, FL 33132 UN	□ Remove
			■ Change
			Add
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Effective date, if other than the first effective date is listed, the date in Note: If the date inserted in this locument's effective date on the	nust be specific and c block does not me Department of Sta	cannot be prior to set the applica ate's records.	ble statutory in	more than 90 day ing requiremen	is, this date while	in be fisico
e record specifies a delay The 90th day after the re	ed effective da ecord is filed.	ate, but not	an effective	time, at 12	:01 a.m. on t	he earlier
May 2 Dated		2019	_			
Dated			_ 			
$\underline{\hspace{1cm}}$	Aonica Signature of a m	Rai	cade	vo of a mamber		
	Signature of a m	iember of aumo	rized representati	Te Of a member		
Monica Larcada						

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Filing Fee: \$25.00