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COVER LETTER

	legistration Sec Division of Corp		· · · ·	
G		Monroe LLC		
SUBJECT	l:	Name of Limit	ed Liability Company	
The enclo	sed Articles of z	Amendment and fee(s) are subtr	nitted for filing.	
Please ret	um all correspoi	ndence concerning this matter to	o the following:	
		Richard W. Menasco		
			Name of Person	
			Firm/Company	
		P.O. Box 6297		
			Address	
		Tallahassee, FL 32314		
		· - - - - - - - - -	City/State and Zip Code	
		richardmenasco@gmail.co E-mail address: (t	o be used for future annual rep	ort notification)
For furth	er information c	oncerning this matter, please co	all:	
Richard	Menasco		850 528-1	568
	Name o	of Person	Area Code	Daytime Telephone Number
Enclosed	l is a check for t	he following amount:		
⊠ \$25.	00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encion	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre		<u>Street Ado</u> Registrat	Iress: ion Section
		Corporations	Division	of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1530 South Monroe LLC

239 [172] [21] 4: 22

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	iability Company	were filed on 07/1	7/2019	and assigned
Florida document number L19000183514	·			
This amendment is submitted to amend the foll	mendment is submitted to amend the following: mending name, enter the new name of the limited liability company here: buth Monroe, LLC name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." new principal offices address, if applicable: pal office address MUST BE A STREET ADDRESS) new mailing address, if applicable: page address MAY BE A POST OFFICE BOX) mending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address: New Registered Office Address: Enter Florida street address Enter Florida street address			
A. If amending name, enter the new name o	f the limited liab	oility company here	:	
1514 South Monroe, LLC				
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the desi	gnation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:		1514 South Monro	e St.	
Florida document number L19000183514 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 1514 South Monroe, LLC 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: Richard W. Menasco 1514 South Monroe St. Enter Florida street address Enter Florida street address				
Enter new mailing address, if applicable:		P.O. Box 6297		
• • • • • • • • • • • • • • • • • • • •	BOX)	Tallahassee, FL 32	314	
0 0 0	~	address on our rec	ords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	Richard W. Me	enasco		
New Registered Office Address:	1514 South Monroe St.			
		Enter Florida	i street address	
	Tallahassee		. Florida ³²³	801
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	<u>:</u>		

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	(23 AC - 21 FH 4: 22	Type of Action
AMBR	Susan Vinson	1514 South Mo	onroe St. Tallahassee, FL 32301	■ Adđ
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Note: If the date inserte	r than the date of filing: the date must be specific and cannot be ed in this block does not meet the a te on the Department of State's re-	applicable statutory friing :	c than 90 days aft requirements, the	tional) er filing.) Pursuant to 60 nis date will not be li	05.020 sted a
record specifies a dela d is filed.	yed effective date, but not an effec	tive time, at 12:01 a.in. on	the earlier of:	(b) The 90th day af	ter the
Pated August 12	2020				
	\	r authorized representative o			