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S. YOUNG

FILED 19 SEP 23 M 7:1

COVER LETTER

Division of Corporations
SUBJECT: MONOVKK, LLC
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:
angela M. Hughes
· · · · · · · · · · · · · · · · · · ·
Firm/Company
1318474th Ave
Address
Seminole FL 33774 City/State and Xip Code angie Dangies Cveative. com E-mail address: (to be used to future annual report notification)
City/State and Zip Code
angil oangils areative. com
E-mail address: (to be used to future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Felephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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Registration Section

TO:

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

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

	(1) O O O O
The Articles of Organization for this Limited Liability	Company were filed on UMU 19 12019 and assigned
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the l	mited liability company here:
The new name must be distinguishable and contain the words "l	imited Liability Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SE FLORING
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, <u>enter the name of the n</u> ddress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Lance Two rate street taken ess
	. Florida

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
AMBR	angela M Hughes	13184 74th Ave, Semina	Jt,FL 3377
			□ Remove
			Change
			🗆 Add
			Remove
			☐ Change
			□ Remove
			□ Change
		 	BRemove
			Change
			Remove
			Change
			Remove
			□ Change

ii aiiici	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	ctive date, if other than the date of filing: Optional (optional) Effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) End of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the insert of the date on the Department of State's records.
the r	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.
Date	Acoalo III Hada
	Signature of a member or highorized representative of a member

Page 3 of 3

Filing Fee: \$25.00