(Request	or's Name)
(Address))
(Address))
(City/Stat	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	s Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
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TOCHROEDER

COVER LETTER

Division of Cor	rporations		
subject: $\frac{5}{9}$	cret Monkey	Media LIC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Trey	MaddoX Name of Person	
	Secre	+ Monkey Media Firm/Company	L.C
	91	96 E Highland Pir	nes Blud
	^	each Gardens, FL City/State and Zip Code	
	E-mail address: (1	6 Secret monkeymed obe used for future annual report notif	ia . com
For further information of	concerning this matter, please ca	ill:	
Trey Mad	clox	at (<u>561</u>) <u>566</u> Area Code Daytime	27-67
, Name (of Person	Area Code Daytime	retephone Number
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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

Decret Monkey			
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appear a Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on	7/9/201	q and assigned
Florida document number _L 19000 18651			
Tiorida document miniscr	<u>·</u> ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company he	ere:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
			<u> </u>
Enter new mailing address, if applicable:			55 6 <u>1</u>
(Mailing address MAY BE A POST OFFICE BOX)			
			
			0 1 5
B. If amending the registered agent and/or regis	stered office address on	our records, <u>ente</u>	
registered agent and/or the new registered office add	ress here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	rida street address	
		. Florida	
	Cuy		Zip Code
New Registered Agent's Signature if changing Registered	d Agent:		

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 amanding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adderor removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Elizabeth Zwisler	9196 E Highland Blud HAMAN	WAY DE AND
		Palm Beach Garden, FL	3348 □ Remove
			Change
			Add
			□ Remove
			Change
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f an effective date is listed Note: If the date insert	er than the date of fili I, the date must be specific a ed in this block does no ate on the Department o	and cannot be prior to of meet the applicat		re than 90 days aft			
	a delayed effective er the record is file		an effective ti	me, at 12:01	a.m. on	the e	arlier o
Dated	Mgnature/of	a member or authori	_ ·	of a member			_
	(")/						

Page 3 of 3

Filing Fee: \$25.00