N19000298098

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COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: Waterleaf Ir	Name of Lim	ited Liability Company			
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspoi	ndence concerning this matter	to the following.			
	Samuel Sewall	Name of Person			
		vanie of Person			
	Waterleaf Interactive LLC	Firm/Company			
		типисопрану			
	16055 Waterleaf Lane				
		Address			
	Fort Myers, Florida 33908	01. (Co 171. /) i			
		City/State and Zip Code			
	sam@sewalls.com E-mail address: (to be used for future annual report not	tification)		
For further information ec	oncerning this matter, please co	all:			
Samuel Sewall		at (437) 8810484			
Name of Person		Area Code Daytir	ne Telephone Number		
Enclosed is a check for th	e 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	s:	Street Address:			
Registration Section		Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporations			
Tallahassee, F			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Waterleaf Interactive LLC (A Florida Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on December 6th 2019 and assigned Florida document number L19000298098 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Monstera Interactive 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: Enter Florida street address City 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 familiat 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

Title	Name	<u>Address</u>	Type of Action
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			TRemove
			□Chanes
			□Remove
			□Change
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