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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJI	ECT:	Monavah MavKet Name of Lim	Ing & Entupy 15es, Little Liability Company	<u> </u>
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Alo	Mic Milchell Name of Person	
			Name of Person	
		Mongrou	Marketing & Enter	pulls, CCC
		700 €,	Awport Blud # F	7
		Sant	God Go 32773 City/State and Zip Code	
		E-mail address: (	City/State and Zip Code  Alexander State Head Alexa	fication)
For fur	ther information c	oncerning this matter, please c		
		Mitchell	at ( <u>407</u> ) <u>28 3 4</u> Area Code Davtim	351
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclos	ed is a check for th	ne following amount:		
Ø\$\$2	5.00 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 Addres	is:	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it new appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Comp Florida document number <u>L. 20000311</u>	any were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	,
The new name must be distinguishable and contain the words "Limited I	liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	52	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<del> </del>
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida s	treet address
		, Florida Zip Code
	•	Zip Code
New Registered Agent's Signature, if changing Registered Ag		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp		

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
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ran enecu Note: If t	ive date is listed, the date must be specifi the date inserted in this block does i	c and cannot be prior to date not meet the applicable s	of filing or more than 90 days a latutory filing requirements,	fter filing.) Pursuant to 605.0207 this date will not be listed as
document	t's effective date on the Department	of State's records.		
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e record sp d is filed.	pecifies a delayed effective date, but	t not an effective time, at	12:01 a.m. on the earlier of:	(b) The 90th day after the
a lo filea.	•			
Dated	Cherry 21st	2020		
	february 31st			
	_		<del></del>	
	Signature	Di-ir member or authorized	representative of a member	<del></del>
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