

L200000 53332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

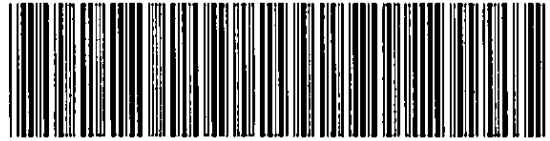
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STATE OF MISSISSIPPI  
DEPARTMENT OF REVENUE  
JAN 11 11 53 AM '20

2020 APR 27 AM 11:28

FILED

APR 28 2020

S. YOUNG

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Maybe Monday, 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:

Shanna Youman  
Name of Person

Maybe Monday, LLC  
Firm/Company

2020 West Pensacola Street  
Address

Ste 100 #2051 Tallahassee, FL 32304  
City/State and Zip Code

shanna.youman@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shanna Youman at (850) 933-2979  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

**RECEIVED**

APR 27 2020

NO \$ 4/27/20  
DB

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2020 APR 27 AM 11:28  
TALLAHASSEE  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE

Maybe Monday, LLC  
(Name of the 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 2-17-20 and assigned  
Florida document number L20000053332

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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: Shanna Youman  
New Registered Office Address: 2020 West Pensacola St. Ste 100 #205  
*Enter Florida street address*  
Tallahassee, Florida 32304  
*City Zip Code*

**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.*

Shanna Youman  
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>   | <u>Address</u>  | <u>Type of Action</u>                   |
|--------------|---------------|---|---|
| MGR          | Shanna Youman | 2020 West Pensacola St.<br>Ste. 100 #2051<br>Tallahassee, FL. 32304 | <input checked="" type="checkbox"/> Add |
| _____        | _____         | _____   | <input type="checkbox"/> Remove         |
| _____        | _____         | _____   | <input type="checkbox"/> Change         |
| _____        | _____         | _____   | <input type="checkbox"/> Add            |
| _____        | _____         | _____   | <input type="checkbox"/> Remove         |
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| _____        | _____         | _____   | <input type="checkbox"/> Change         |

