## L20000093941

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400343843434

04/27/20--01013--023 \*\*30.00

2020 APR 27 PM 3: 31

A CHARLO

MAY 1.0 2020

## . COYER LETTER

TO:

Registration Section Division of Corporations

SuccessMo SUBJECT: _#	nkey LLC		<b>*</b>
oobbett. <u></u>	Name of Lim	ited Liability Company	,
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dacia Davis		
	·	Name of Person	
	SuccessMonkey LLC		
	<del></del>	Firm/Company	
	35246 US Hwy 19N #314		
		Address	
	Palm Harbor, FL 34684		
		City/State and Zip Code	
	successmonkeyllc@gmail.e	om	
	E-mail address: (	to be used for future annual report not	iitication)
For further information c	oncerning this matter, please c	all:	
Dacia Davis		727 215-8470 at ( )	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section forporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SuccessMonkey LLC						
(Name of the Limi	ited Liability Compa (A Florida Limited	nny as <mark>it now appears on our r</mark> Liability Company)	ecords.)			
	Liability Company	were filed on 03/17/2020		a	nd ass	igned
	lowing:					
A. If amending name, enter the new name c	of the limited liab	oility company here:				
N/A						
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or th	e abbreviat	ion "L	L.C."
Enter new principal offices address, if appli-	cable:	35246 US HWY 19 N				
(Principal office address MUST BE A STREI	#314					
_		Palm Harbor, FL 34684	•			
Enter new mailing address, if applicable:		35246 US HWY 19 N		<del></del> 1	<del></del>	
Enter new maning address, it applicable: (Mailing address MAY BE A POST OFFICE BOX)		#314			020	
		Palm Harbor, FL 34684		7 2 2 4	020 APR	77
					27	
		address on our records, <u>e</u>	nter the n			<u>v registe</u>
agent and/or the new registered office addre	ess here:				ÿ Œ	$\bigcirc$
Name of New Registered Agent:	_Same	<u></u>		\$F .	<u>-</u>	
New Registered Office Address:	35246 US HW	Y 19 N, #314				
		Enter Florida street a	address		_	
	Palm Harbor		_, Florida	34684	_	
(Name of the Limited Liability (A Florida)  the Articles of Organization for this Limited Liability Colorida document number L20000083941  this amendment is submitted to amend the following:  If amending name, enter the new name of the limited A menew name must be distinguishable and contain the words "Limited ItA menew name must be distinguishable and contain the words "Limited ItA menew principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRIES  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  35246 to 3		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.

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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
		DAdd	
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			☐ ☐ ☐ Change
			□Add
			□Remove
			□Change

	<del></del>		<del></del>	
				_
				_
				_
		·		
				_
				_
				- <del>-</del>
				<del></del>
-				_
***				_
				_
				_
		<del></del>		_
Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this bl document's effective date on the D	ock does not meet the application	cable statutory filing req	(optional) nan 90 days after filing.) Pursuant to 6 quirements, this date will not be li	605.0207 isted as
he record specifies a delayed effectivord is filed.	e date, but not an effective t	ime, at 12:01 a.m. on th	e earlier of: (b) The 90th day at	iter the
Dated April 14	2020			
		<u> </u>		
	Signature of a member or auth	orized representative of a	member	
N ' N '		-		
Dacia Davis		ted name of signee		