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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

				
MONEDAS INTERN	IATIONAL, I	.LC		
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				Fictitious Name File
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COVER LETTER

	legistration Se Pivision of Cor			
SUBJECT		ternational, LLC		
SUMEC	·	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please rett	ırn all correspo	ndence concerning this matter	to the following:	
		Patricia A Rahl		
			Name of Person	
		Rahl & Rahl, P.A.		
			Firm/Company	
		700 W Hillsboro Blvd., Ste	4-10 7	
			Address	
		Deerfield Beach, Fl 33441		
			City/State and Zip Code	
		patti@rahlandrahl.com		
		·	to be used for future annual report notif	ication)
For furthe	r information c	oncerning this matter, please of	all:	
Patricia A	Rahl		954 426-6622 at ()	
-	Name o	f Person	Area Code Daytime	: Telephone Number
inclosed	is a check for th	ne following amount:		
□ \$25.0	O Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		<u>Street Address:</u> Registration Sec	ction
	Division of C		Division of Cor	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PILED 2022 MAY 26 AM 8:52 SECRETARY OF STATE

Monedas International, 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 04/16/2020 and assigned Florida document number ____L20000104658 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Monedas International Group, 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 igent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _ Florida __ Cirv v Registered Agent's Signature, if changing Registered Agent: reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is z filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability vany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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fective date, if other tha	on the date of filing: (optional) ate must be specific and cannot be prior to date of filing or more than 90 days ofter filing.) Pursuant to 605.0207 (3)(b)	
in effective date is listed, the da ote: If the date inserted in	ate must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) this block does not meet the applicable statutory filing requirements, this date will not be listed as the	
cument's effective date on	the Department of State's records.	
ecord specifies a delayed et is filed.	ffective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	
Med April 22	2022	
	The an Catter of Compa	<u> </u>
		
	Signature of a member or authorized representative of a member	- /

Filing Fee: \$25.00

Typed or printed name of signee