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12/18/20

TO: Registration Section Division of Corporation	ns	
SUBJECT: Mon Roy	Name of Limited Liability Company Name of Limited Liability Company	
The enclosed Articles of Amend	ment and fee(s) are submitted for filing.	
Please return all correspondence	concerning this matter to the following:	
	Nadja M Royes Name of Person	
	Firm/Company	
	2480 N Forsyth road	
	OV awd ov F 32807 City/State and Zio Code	
	City/State and Zip Code MONY EVEN STAND TO THE PROPERTY OF THE CONTROL OF THE PROPERTY OF THE	γ
For further information concerni	g this matter, please call:	
Nadja Reye	at (407) 733 · 9350 Area Code Daytime Telephone Number	
Enclosed is a check for the follow	·	
□ \$25.00 Filing Fee \$.	0.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Stat (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tus &
Mailing Address: Registration Section	Street Address: Registration Section	
Division of Corpora		

P.O. Box 6327 Tallahassee, FL 32314

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

TO ARTICLES OF ORGANIZATION OF

Monray Investment Group UC

(<u>Name of the Limited Liability Comp.</u> (A Florida Limited	nry as it now appear∮on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L200012351b</u> .	were filed on 05 07 2020 and assi
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2510 Princeton Ave Sanford, FI 327
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	2510 Princeton PARE Sanford, Fl 32777
Name of New Registered Agent: Angell	ca Montilla
New Registered Office Address: 2510	PNN CE-fon AVE Enter Florida street address
Sa	ntural Florida 3277:
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with a

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

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address** Type of Nadja M Rayes 2480 N Firsyth road Drlando, Fl 32807 ERem □Chan □Add __ 🗆 Remo □Chan _ □Add ____ □Remo _____ Chang ____ □ Add □Remo¹ __ 🗆 Chang __ □Add □Remov □ Change

or removed from our records:

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f an effective date i Note: If the date	if other than the date of is listed, the date must be specificated in this block do tive date on the Departm	ecitic and cannot be es not meet the ap	oplicable statutory	g or more than 90 da r filing requiremen	(optional ys after filing its, this date) g.) Pursuant to e will not be
record specifies d is filed.	a delayed effective date.	but not an effecti	ive time, at 12:01	a.m. on the earlier	of: (b) T	he 90th day a
Pated Septe	ember 28	<u> </u>				
	Signati			tative of a member		
		Nacla	- KUL printed name of sig	7 .		

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Filing Fee: \$25.00