L20000207540

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tree Monkeys of NCFLL.C. 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:
Kari Rowicki Name of Person
T-ee Monkeys of NCF L.L.C. Firm/Company
5750 SE 60 AVE Address
7-en/on // 32693 City/State and Zip Code
Free mankeys not 60 and 1. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
▼\$25.00 Filing Fee Certificate of Status 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Flonda Limite	d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on <u></u>	14 16 2020 and assigned
Florida document number <u>L20000207540</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ibility company here	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the des	signation "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)	<u> </u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our rec	cords, enter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	da street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>at:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a	te performance of n	ny duties, and I am familiar with and

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 = 1 77 6: 15	Type of Action
President	Jason Pannett	5750 SF 60" Ave	ISAdd
		T-1 Mor, F/ 32693	□ Remove
			□Change
Treascrer	Kari Romicki	5750 SF 6074 ALR	
		Trenton, F1 32693	□Remove
			□Change
			□Add
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an effective date is l	other than the disted, the date must b	e specific and	l cannot be pr					filing.) Pu	
	serted in this bloc ve date on the Dep				tory filing r	equirem	ents, thi	s date will	not be listed
record specifies a is filed.	delayed effective	date, but not	an effective	e time, at 12	:01 а.т. оп	the earl	ier of: (b) The 90	th day after th
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