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Office Use Only



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COVER LETTER

TO: Registration S Division of Co					
Cosmic M	onkey LLC				
SUBJECT:	Name of Lim	Name of Limited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Makarena Rodriguez				
		Name of Person			
		Firm/Company			
	9131 SW 122nd Ave #108				
		Address	<u>-</u>		
	Miami, FL 33183				
	cosmicmonkeymiami@gma	City/State and Zip Code ail.com to be used for future annual report not	dification)		
For further information	concerning this matter, please c	•	,		
Makarena Rodriguez		305 726-8114			
Name of Person		at () Area Codc Daytin	ne 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 Addre		Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 63		The Centre of	•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cosmic Monkey LLC			
(Name of the Limi	ted Liability Company as i (A Florida Limited Liabilit	t now appears on our records.) y Company)	
The Articles of Organization for this Limited Land Included Includ	iability Company were	filed on July 21, 2020	and assigned
his amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability c	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Con	mpany," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREET ADDRESS)			202(SE)
			2020 DEC
	<u></u>		
Inter new mailing address if applicable			0 7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or agent and/or the new registered office addre		ss on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:	Makarena Rodriguez		
New Registered Office Address:	9131 SW 122nd Ave	#112	
		Enter Florida street address	
	Miami	. Flori	ida ³³¹⁸³
		ity ,	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Carlos M Aguilar	9825 NE 2nd Ave	
		Miami, FL 33153	■Remove
		<u> </u>	□Change
MGR	Makarena Rodriguez	9131 SW 122nd Ave #108	■Add
		Miami, FL 33186	□ Remove
			□Change
			□Add
			Remove
			□Change
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an effective date is listed, the date mustote: If the date inserted in this blocument's effective date on the December 1st	epartment of State's	records. fective time, at 12:0	l a.m. on the carlier of	F: (b) The 90th day aft	ter the
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