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COVER LETTER

TO: Registration Se Division of Cor						
Monry's Ca						
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing,				
Please return all correspo	ndence concerning this matter	to the following:				
	Jose Miguel Monroy Mau	r ý .				
		Name of Person	•			
				(2) :국단	202	
		Firm/Company				~
	511 SW 7th St#3				2021 HAR -2	Fr. Em I
		Address			70	5
	Miami, Florida 33130			44.13. 48.13.	PM 4: 3	£
		City/State and Zip Code			ب	
	monryscapital@gmail.com					
	E-mail address: (to be used for future annual re-	port notification)	- 		
For further information of	oncerning this matter, please c	all:				
Jose Miguel Monroy Maury			-1487			
Name of Person		at () Area Code	Daytime Telephone No	umber		
Enclosed is a check for th	ne following amount:					
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cer sed) Cer	00 Filing Fee, tiffcate of Stat tiffed Copy monal copy is en	us &	
<u>Mailing Addres</u> Registration S		<u>Street Add</u> Reoistrati	<u>ress:</u> ion Section			
Division of C			of Corporations			
P.O. Box 632			re of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Monry's Capital LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records da Limited Liability Company)	<u>.</u> 1
The Articles of Organization for this Limited Liability C	Company were filed on09/29/2020	and assigned
Florida document number 4.20000307018	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
Monry's Group LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		021
(Principal office address MUST BE A STREET ADD	RESS)	2 2
		2
		SSO PI
Enter new mailing address, if applicable:		Est F
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registere		he name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flo	rida
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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Note: If the date ins	ther than the date of sted, the date must be spe serted in this block doo e date on the Departmo	es not meet	the applicab	date of filing o	r more than 90 d ling requireme	_ (optional) ays after filing, ents, this date) Pursuar will not	n to 605,020 t be listed t
e record specifies a d rd is filed.	delayed effective date,	but not an e	ffective tim	e, at 12:01 a.r	m, on the earlic	erof:(b) Th	e 90th d	lay after the
		. 20	121					
January 29th Dated			7-3	-				
Dated January 29th		1						

Filing Fee: \$25.00