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## **COVER LETTER**

TO: Registration Se Division of Cor			
	· Mona Ha	wling LLC	
SUBJECT:	Name of Lim	sited Liability Company	<del> </del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Hun	nberto Mena	
		Name of Person	
		Firm/Company	
	1055 W 3	3rd PL Address	
		Address	
	Hialeal	The FL 33012 City/State and Zip Code The Bull Dyahoo · Cor to be used for future/annual report notific	
		to 741 Outline One	
	E-mail address: (	to be used for future annual report notific	zation)
For further information c	oncerning this matter, please c	all:	
Hum!	perto Mena	at ( <u>766)</u> <u>930</u> Area Code Daytime	) - 32 <i>06</i> Telephone Number
Enclosed is a check for the	ne following amount:		
Z \$25.00 Filing Fee	S30.00 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 Address Registration 5	Section	Street Address: Registration Sect	
Division of C	orporations	Division of Corne	orations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mena	hauli	ng LLC		
( <u>Name of the Limited Lia</u> (A Flo	ability Company orida Limited Lia	r <u>as it now appears on</u> ability Company)	our records.)	
The Articles of Organization for this Limited Liabilit Florida document number <u>L2000032</u>		rere filed on <u>10</u>	114/2020	and assigned
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liabili	ty company here:		
The new name must be distinguishable and contain the words "	Limited Liability	y Company," the design	nation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	ODRESS)			020 DE S
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>				14 PH 12: 25
B. If amending the registered agent and/or registe agent and/or the new registered office address her		dress on our recor	ds, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	<u>H</u>	umberto	Mena	
New Registered Office Address:	1055	W 33rd PL Enter Florida s	treet address	
	Hiq	W 33rd PL Enter Florida s leah City	Florida	33012
		CHY		ыр Сош

## 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>	Name	Address	Type of Action
MGR	Humberto Mena	1055 W 33rd PL	<b>D</b> Add
		1055 W 33rd PL Higleah, FL-33012	□Remove
			□Change
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3.00 J.	1			c es:				
f an effe <u>Note:</u> - l	If the date inse	ed, the date n crted in this	nust be spe block doe	cific and cannot	applicable sta		(optional) n 90 days after (fling.) Pure irements, this date will	
record d is file		rlayed effect	tive date,	but not an effe	ective time, at 1	2:01 a.m. on the	earlier of: (b) The 90t	h day after the
Dated _				<del>/ /</del> /· —	·			
				n)				
			Signatu /	<u>ire of a member</u> /	or authorized re	presentative of a m	ember	
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Filing Fee: \$25.00