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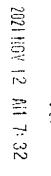
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A. BUTLER NOV 2 3 2021

COVER LETTER

TO:

TO: Registration So Division of Co					
	H FOUNDATIONS ELC.				
SUBJECT:Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
	ondence concerning this matter				
	STEVEN DAVIS				
		Name of Person			
		Firm/Company			
	1040 S. ROGERS CIRCL	, .			
		Address			
	BOCA RATON, FL. 3348	7			
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
	DAVISLANDSCAPE@CC				
	E-mail address: (to be used for future annual report no	otification)		
For further information c	concerning this matter, please c	all:			
STEVEN DAVIS		561 239-1383 at ()			
Name o	of Person	Area Code Dayti	me Telephone Number		
Enclosed is a check for t	he 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 Address:		Street Address: Registration S	Section		
Registration Section Division of Corporations		Division of Co			
P.O. Box 6327		The Centre of	The Centre of Tallahassee		
Taltahassee, FL 32314		2415 N. Moni	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MONARCH FOUNDATIONS L				in the
(Name of the Lin	nited Liability Comp (A Florida Limited	any as it now appears on our r Liability Company)	ecords.) 2021 1:07 +2	
			2021110. 12	HII 1-32
The Articles of Organization for this Limited		were filed on $\frac{01/04/2021}{}$	7 D.	andassigned
lorida document number 1.21000013013	··		10 L.L.	, FI.
his amendment is submitted to amend the fo	llowing:			
a. If amending name, enter the new name	of the limited lial	oility company here:		
š/A				
he new name must be distinguishable and contain the	words "Limited Liab:	ility Company," the designation	"LLC" or the abbro	viation "L.L.C."
Enter new principal offices address, if applicable:		N/A		
Principal office address MUST BE A STRE				
				
inter new mailing address, if applicable:		N/A		
				
Mailing address MAY BE A POST OFFICE	<u>: BUA)</u>			
				
The second is a share with a second s				
 If amending the registered agent and/or gent and/or the new registered office addr 	registerea office : ess here:	address on our records, <u>e</u>	nter the name (of the new regis
Name of New Registered Agent:	N/A			
_	N/A			<u> </u>
New Registered Office Address:	17/7	Enter Florida street a	ddraec	
	X17.			
	N/A		_, Florida <u></u>	
		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, 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	STEVEN DAVIS	6551 NE 7TH AVE	
		BOCA RATON, FL. 33487	■Remove
			□ Change
			□Remove
			□ Change
			
			□Remove
			□Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. OCTOBER 1 Dated Signature of a member or authorized representative of a member STEVEN DAVIS Typed or printed name of signee