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COVER LETTER

TO: Registration Sect Division of Corpo			
Mo	nalisa Serv	ices, LLC.	
SUBJECT:	Name of Limited L	Liability Company	——————————————————————————————————————
The enclosed Articles of A	mendment and fee(s) are submitte	ed for filing.	
Please return all correspond	dence concerning this matter to the	e following:	
	Chantel	Fernandez Name of Person	• •
	Monalisa	Services, I	
	0.5 5 13.4	• •	
	all NW	18 street	
		Address	- -
	Miami	FI 33125	<u> </u>
	Ci - Annoalica e a	ty/State and Zip Code	Man linear
	E-mail address: (to be	ervices IIC @ a	Night)
	ncerning this matter, please call:		
Chantel Name of B	Fernandez	at (<u>786</u>) <u>284</u> Area Code Daytime To	-2881
		·	•
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add <u>ress:</u>	:	Street Address:	
Registration Se	ection	Registration Section	
Division of Co P.O. Box 6327	•	Division of Corpo The Centre of Tall	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	a Services, LLC
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability	ty Company were filed on 11222021 and assigned 177.8
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	:
Principal office address MUST BE A STREET AI	DDRESS)
Inter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
New Registered Vittle Address.	Enter Florida street address, Florida

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
AMBR	Chantel Fernandez	2177 NW 18 Street, Miami, FL 33125	= Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			Remove
			□Change
			🗀 Add
			□Remove
			□Change
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			□Remove
			□Change

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