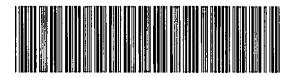
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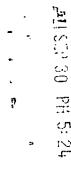
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

721 ST 130 PH 5: 24

Monkey Wonder LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our reco Liability Company)	<u>irds.</u> ) – (
he Articles of Organization for this Limited Liability Company orida document number 1.21000048982.	were filed on 01/27/2021	and assigned
his amendment is submitted to amend the following:		
. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	
ne new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L	LC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	_	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<del></del> -	
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

	Authorized Member	7651 SEV 30 PM 5: 24	
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Thomas J. Stathis	4539 Longspur Lane	□Add
		Sarasota, FL 34238-5638	■Remove
			□Change
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			□Remove
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ective date, if other that effective date is listed, the date: If the date inserted in nument's effective date on	ite must be specific a this block does no	ind cannot be prior timeet the application in the prior in the application in the applica	to date of filing or able statutory fil	more than 90 ing requiren	dave a	ther tili	no i D	ursuant to 605.020 If not be listed a
cord specifies a delayed el s filed.	fective date, but n	ot an effective ti	me, at 12:01 a.n	i, on the ear	lier of:	(b)	The 9	Oth day after the
September 27		2021	·					

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Filing Fee: \$25.00