121000070848

(Reques	tor's Name)	
(Address)	
(Address	s)	
(City/Sta	te/Zip/Phone	#)
	_	
PICK-UP	_ TIAW	MAIL
(Busines	s Entity Nam	ie)
(Docum	ent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing	Officer	
	,	

Office Use Only



500386431315

04/27/22--01010--021 **25.00

SECRÉTARY OF STATE TALLAHASSEE, FLORIDA

JUN 2 0 2022 S. PRATHER

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
	ROCK LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOSE, MONTERO		
		Name of Person	
	MARACO ROCK LLC		
		Firm/Company	
	1855 N MARKET ST		
		Address	
	JACKSONVILLE, FL 322	206	
		City/State and Zip Code	
	monterojosejosue@gmail.c E-mail address: (om to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
Jose Montero		786 424 8678	
Name o	of Person	Area Code Daytir	me Telephone Number
Enclosed is a check for t	he following amount:		
	☐ \$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)
<u>Mailing Addres</u> Registration		Street Address: Registration Se	ection
Division of C P.O. Box 632		Division of Co The Centre of	
Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

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

MARACO ROCK LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Flor	ida Limited Liability Company)	: 21 RID/
The Articles of Organization for this Limited Liability	Company were filed on 02/10/2021	and assigned
Florida document number L21000070848	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Monsan Designs LLC		
The new name must be distinguishable and contain the words "L	imited 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 ADI	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	·	
B. If amending the registered agent and/or register	ed office address on our records, enter the	name of the new register
agent and/or the new registered office address here	•	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		·
	Enter Florida street address	
	Florid	
	City	Zin Coda

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			ElChanga

		-		nal sheets, if neces		
			<u>-</u>			
						
		-		· · · · · · · · · · · · · · · · · · ·		
						
					- 1	<u> </u>
-						
						<u> </u>
				· ·		
						_
		.				
				_ 		_
					·	_
			<u> </u>	<u> </u>		
Effective date, if other (If an effective date is listed, the Note: If the date inserted document's effective date	ne date must be specific I in this block does no	and cannot be prior to of meet the applical	date of filing or more ble statutory filing	(option e than 90 days after fi requirements, this c	ling.) Pursuant to	605.0207 (1 listed as th
	ed effective date, but	not an effective tin	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day a	ifter the
ne record specifies a delaye ord is filed.						
ord is filed.		022	_·		ĪΑċ	22
ord is filed.		1/			TALLA	2022 A
the record specifies a delayer ord is filed. Dated April 24	Signature	1/	_ · ized representative of	`a member	TALLAHASSEE,	2022 APR 27 AH

Filing Fee: \$25.00