## h21000192350

(Req	uestor's Name)	
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800367925988

06/10.21-61006-6022 \*\*28.00



## **COVER LETTER**

TO:

	Registration Sc Division of Cor			
		Emporiam LLC		
SUBJEC	.1;	Name of Lim	ited Liability Company	
The encle	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		Michael S. Miller		
			Name of Person	
			Firm/Company	<del></del>
		1155 Wild Rose Drive NE		
			Address	
		Palm Bay, Florida 32905		
			City/State and Zip Code	
		monovansemporium@yaho		
For furth	er information c	E-mail address: ( oncerning this matter, please o	to be used for future annual report no all:	artication)
Michael	S. Miller		321 305-7046 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>■</b> \$25.0	00 Filing Fee	S30.00 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 Addres		<u>Street Address:</u> Registration S	ection
Registration Section Division of Corporations		Division of Corporations		
	P.O. Box 632	27	The Centre of	
	Tallahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Monovans Emporiam LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{04/26/2021}{1}$ \_\_\_\_\_ and assigned Florida document number <u>L21000192350</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Monovans Emporium LLC 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

## 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.

City

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
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			Remove
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			□Remove
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Filing Fee: \$25.00