L21000504143

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COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Montset in Enterprises UC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Robert Montsetin	
Mortserin Enterprises	
6829 Green Sland Terr	
Lake Worth, FL 33463 City/State and Zip Code	
Montsering amail. Com- E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Robert Montserin at (305), 495-38'27 Name of Person at (305) Daytime Telephone Number	
Enclosed is a check for the following amount:	
Cartificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Montserin Enta	erprises LLC	
(Name of the Limited Liability (A Florida l	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number $\underline{L21000504143}$	ompany were filed on $\frac{11 2H 202H}{3}$.	and assigned
This amendment is submitted to amend the following:		and assigned on "LLC" or the abbreviation L.C." co co co co co co co co co c
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:		نب
(Principal office address MUST BE A STREET ADDRI	ESS)	ල
		77
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the na	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter Florida street address	
	, Florida _	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 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	Michelle Mercado	5082 Swint John Ave	N DAdd
		5082 Swint John Ave Boynton Boch FL 3347	— □Remove
			Change
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e: If the date inserted in th	the date of filing: e must be specific and cannot be prior is block does not meet the applica the Department of State's records.	to date of filing or more than 90 day able statutory filing requiremen	(optional) ys after filing.) Pursuant to 605.02 its, this date will not be listed
ord specifies a delayed effi filed.	ective date, but not an effective ti	me, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
d August S	3 202-3 Nature of a member or author	orized representative of a member	
	Signature of a member or author	orized representative of a member	

Filing Fee: \$25.00