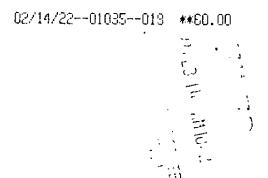
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PICK-UP	☐ WAIT	MAIL
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Office Use Only



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COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT: Monumental Services LLC 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:	
Thomas Burke Name of Person	
Traine of Leton	
Firm/Company	
896 Silversmith Cir	
Lake Mary FL 32746 City/State and Zip Code	
Thomas burke 1022 amail com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Thomas Burke at (631) 433-8849 Name of Person Area Code Daytime Telephone Number	-
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee & ☐	atus &

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 12 13 14 1.410-2

Monumental Service (Name of the Limited Liability Compa	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000(141297</u> .	were filed on $1-21-22$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Tal Monumental Services LL	·C.
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	no change
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	no change
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent: NO Ch	ange ange
New Registered Office Address: YO Cho	Enter Florida street address
	, Florida
	City Zıp 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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□ Remove
			□Change
			□ Add
			□Remove
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