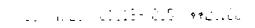
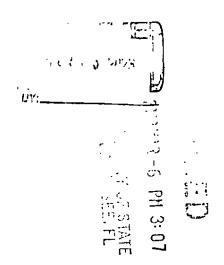


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COVER LETTER

TO:

FO: Registration Se Division of Cor					
	key Captial Investments				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Matthew Straley				
		Name of Person			
	Lucky Monkey Capital Inv	restments			
		Firm/Company			
	18130 SW 89th Ave			~~	
		Address		. <u>५</u> . हु	
	Miami/FL 33157		\$ Tr.	#	
		City/State and Zip Code		- F	
	mstraley50@gmail.com		10 to		
For further information c	E-mail address: (oncerning this matter, please co	to be used for future annual report no all:	otification)	-5 PM 3: 07	
Matthew Straley		575 6260125			
Name o	f Person	Area Code Dayti	me Telephone Number	- 	
Enclosed is a check for t	ne following amount:				
■ \$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	Status &	
Mailing Addres		Street Address: Registration S	ection		
Registration Section Division of Corporations		Division of Co			
P.O. Box 632	27	The Centre of			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lucky Monkey Capital Investments LLC			_	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)			
Articles of Organization for this Limited Liability Company were filed on August 30th, 2022		and a	and assigned	
Florida document number L22000379940				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liabili</u>	ty company here:			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" o	or the abbreviation	"L.L.C."	
Enter new principal offices address, if applicable:				
• •		· · · · · · · · · · · · · · · · · · ·	, .	
rincipal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	· · · 1	4 4.00-1 1 1.00	
			وسيس	
			Paradi F F (
Enter new mailing address, if applicable:	·	<u> </u>	No.	
Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter th</u>	<u>ie name of the r</u>	iew regis	
Name of New Registered Agent:				
New Registered Office Address:	_			
	Enter Florida street address			
	. Flor	ida		
	City		le	

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
MGR	George Straley	2701 N MONTANA AVE	
		Roswell NM	≣Remove
		88201, US	□Change
			□Add
			□Remove
			ے □Change ئ
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Filing Fee: \$25.00