## 422000456064

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## **COVER LETTER**

	gistration Sec vision of Corp		,	
	Monrose LL	C ,	de de la companya de	<b></b>
SUBJECT:	<u> </u>	Name of Lim	nited Liability Company	<u> </u>
The enclose	d Articles of A	mendment and fee(s) are sub	emitted for filing.	
Please retur	n all correspon	dence concerning this matter	to the following:	
		Julie Beecy		
			Name of Person	<del></del>
		Monrose LLC		
			Firm/Company	
		423 NE 23rd Street, Apt 60	04	207
			Address	2 03C
		Miami, FL 33137		
			City/State and Zip Code	<del></del>
		julie@thebeecyagency.com		
For further i	information co	E-mail address: ( neerning this matter, please c	to be used for future annual report notification) all:	89:11.22
Julie Beecy			408 8405194	
	Name of	Person	Area Code Daytime Telephone N	vumber
Enclosed is	a check for the	following amount:		
\$25.00	Filing Fec	S30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, entificate of Status & entified Copy ditional copy is enclosed)
	ailing Address:		Street Address: Pagistration Section	
	vision of Co		Registration Section Division of Corporations	
P.0	O. Box 6327	•	The Centre of Tallahassee	
Ta	Ilahassee, Fi	L 32314	2415 N. Monroe Street, St	uite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Monrose LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limit	прапу <u>as it now appears on our records.)</u> ed Liability Company)	
he Articles of Organization for this Limited Liability Compa	any were filed on 10/23/2022	and assigned
lorida document number L22000456064		
this amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		207
Principal office address MUST BE A STREET ADDRESS)		2 BB 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		: <u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
valuing dadress may be a rost of the boxy		<del></del>
3. If amending the registered agent and/or registered office	ce address on our records, enter th	e name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	City	Zin 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 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	<u>Address</u>	Type of Action
MGR	Julie Beecy	423 NE 23rd Street, Apt 604	<b>≅</b> Add
		Miami, FL 33137	Remove
			□Change
			□Add
			□Remove
			Change
			Add
			□ Remove
			□Change
<del></del>			□Add
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10/24/2022	
ective date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior to	to date of filing or more than 90 days after filing.) Pursuant to 605.02
e: If the date inserted in this block does not meet the applica ument's effective date on the Department of State's records.	able statutory filing requirements, this date will not be listed
·	
cord specifies a delayed effective date, but not an effective tires filed.	me, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed December 13, 2022	
	_

Typed or printed name of signee