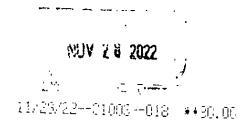
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2/14/23 V.I.I 2022 NOV 28 AM 8: 01 SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co		·	
	LUM LLCC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MONICA VALENCIA		
		Name of Person	
	MONY LLUM LLCC		
		Firm/Company	
	1010 AUDACE AVENUI	E #105	
		Address	
	BOYTON BEACH FLOR	UDA 33426	
		City/State and Zip Code	
	MONYLI.UM@GMAIL.C		
		to be used for future annual report notif	fication)
For further information	concerning this matter, please of	all:	
MONICA VALENCIA		954 822 1770 at ()	
Name	of Person		e Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	ction
Division of (Division of Cor	
P.O. Box 63	27	The Centre of T	allahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MONY LLUM LLCC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compar	y were filed on NOV 14 2022	and assigned
Florida document number L22000486795		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:	
MONY LLUM LLC		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4,4,4	2022 SE
Principal office address MUST BE A STREET ADDRESS)		T S
		22 F
Inter new mailing address, if applicable:		OF S
Mailing address MAY BE A POST OFFICE BOX)		FIA 0
		<u> </u>
3. If amending the registered agent and/or registered office	e address on our records, enter th	e name of the new registere
gent and/or the new registered office address here:	, <u></u>	
Name of New Registered Agent:	 	
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	City	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
			□ Add
			□Remove
			□Change
	····		□ Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			☐ Change
		· · · · · · · · · · · · · · · · · · ·	□ Add
			Remove
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			□Remove
			□ Change

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date, if other than the date of filing:
pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
November 23 2022 Moure Valeurs

Filing Fee: \$25.00