L22000522366

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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SECRETARY OF STATE OF YOUR CE CORPORATIONS

Y. SCOTT OCT - 7 2023





September 16, 2023

CHLOE SHIRLEY 3217 CORTONA DR. MELBOURNE, FL 32940

SUBJECT: SOUL MONKEY LLC Ref. Number: L22000522366

We have received your document for SOUL MONKEY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott Supervisor

Letter Number: 623A00021368

Document has now been signed thank you.

Division of Corporations - P.O. BOX 6327 - Tallahassaa, Florida 32314

COVER LETTER

TO: Registration Se Division of Cor		•		٦.	
Soul Monke	ey LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ondence concerning this matter	_			
	Chloe Shirley				
		Name of Person			
	Soul Monkey LLC				
		Firm/Company			
	3217 Cortona Dr			20Z	ابا کر
	 	Address		SECRE DIVISION 2023 OCT	
	Melbourne FL 32940			10 - 6 10	
		City/State and Zip Code		PH PH PH	
	cs9391982@gmail.com			요 설립	
For further information of	e-man address: (to be used for future annual report notificall:	cation)	0.5	
	oncerning this matter, prease c				
Chloe Shirley		919 600-8758 at ()			
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
				<i>~</i>	
Mailing Addres	<u>35:</u>	Street Address:		14	
Registration 3	Section	Registration Sec		۰ ۳۰ حاری	
Division of C		Division of Corp		***	
P.O. Box 632		The Centre of Ta		1.0	
Tallahassee,	FL 32314	2415 N. Monroe Tallahassee, FL.		IU .	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Soul Monkey Marketing LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.	
Ploridà document number L22000522366 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Soul Monkey Marketing LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Soul Monkey Marketing LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.	gned
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Soul Monkey Marketing LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L	
Enter new principal offices address, if applicable: 3217 COFTONG OF ME	C."
	bourne
(Principal office address MUST BE A STREET ADDRESS) FL 32940	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) [Mailing address MAY BE A POST OFFICE BOX]	elboum
B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:	ON RESIDENCE TO THE PROPERTY OF THE PROPERTY O
Name of New Registered Agent:	₹
New Registered Office Address: Enter Florida street address Enter Florida street address	10 12 17
	i ž e
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.

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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
CEO	Daniel Martinez	860 Tupelo Rd SW	□Add
5.		Palm Bay FL 32908	= Remove
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			🗆 Add
· ·	: :		□Remove
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be	(optional) be prior 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 ument's effective date on the Department of State's re-	applicable statutory filing requirements, this date will not be listed a
cord specifies a delayed effective date, but not an effective date.	ctive time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
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Chlad	Theres
Signature of a member	or authorized representative of a hember
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