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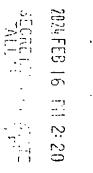
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го:	Registration Section Division of Corporation	ns •	
SUBJE	ст: <u>Automated</u>	^ 0	
The enc	losed Articles of Amendu	nent and fee(s) are submitted for filing.	
		concerning this matter to the following:	
		Monica Eilren Overedo Name of Person	
		Firm/Company	
		4772 32nd Auc SW	MUNFEB 16
		City/State and Zip Code	7. B. 6
		City/State and Zip Code	
		Mercsystem. a 1 @ gmail. (an E-mail address: (to be used for future annual report notification)	FW 2: 20
For fur	ther information concernin		· · · · · · · · · · · · · · · · · · ·
$m_{\rm c}$	nica Eilcen Name of Person	Queucdo at (239) 399 - 1551 Area Code Daytime Telephone Number	
Enclos	ed is a check for the follow	ving amount:	
প্ৰ \$2		30,(X) Filing Fee & S55,00 Filing Fee & S60,00 Filing Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	of Status &
	Mailing Address: Registration Section Division of Corpora		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Monica Automated Rental	S Hous Liability Company Florida Limited Lia		pears on our records.)		
The Articles of Organization for this Limited Liab Florida document number 123,000,55		ere filed on	January 30th	2023 and assi	gned
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of th	<u>ie limited liabili</u>	ty company	here:		
Curuy Culture Clothine The new name must be distinguishable and contain the word	1 LLC Is "Limited Liability	v Company," th	ne designation "LLC" or th	e abbreviation "L.I	L.C."
Enter new principal offices address, if applicable	le:				
(Principal office address MUST BE A STREET)	<u>4DDRESS)</u>				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)))</u>	<u>4772</u>	32nd Aug Su	N Naples !	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address b		dress on ou	r records, enter the n	ame of the new	registered
Name of New Registered Agent:	AdrianB	alderas	(untrara)	7	• • • • • • • • • • • • • • • • • • •
New Registered Office Address:		32nd		2: 20	
	Maples	City	, Florida	34116 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

Sdian Boldons

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
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