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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Monica Claire Dossett LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Monica C. Wadsworth
Monica Claire Wadsworth LLC Firm/Company
9075 Ellis Road
Melbourne FL 32904 City/State and Zip Code
Monica wadsworth realty @ gmail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Monica C. WadSworth at 321, 431-1646 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum_{25.00}\$ \text{Filing Fee} \sum_{30.00}\$ \text{Filing Fee & Gertificate of Status} \sum_{355.00}\$ \text{Filing Fee & Gertificate of Status} \sum_{355.00}\$ Filing Fee & Gertificate of Status & Gertificate of Status & Gertificate of Status & Gertificate of Status & Gertificate Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATION **OF**

11000,000 010;	· 000		2025 MAR -7	AM 11: 26
Monica Clair	(e DUS	Sett LLC	or recorded at 1	The siss of
(A	Florida Limited L	y as it now appears on o lability Company)	ALLAHASSE	E. FLORIDA
The Articles of Organization for this Limited Liab Florida document number <u>L230000</u> 63		were filed on $8 8$	2023	and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	e limited liabi	lity company here:		
Monica Claire Wad	SWUTH 1	LLC		
The new name must be distinguishable and contain the word	s "Limited Liabili	ty Company," the designal	tion "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:		Ilis Roa	
Principal office address MUST BE A STREET	(ADDRESS)	melbou	rne FL	32904
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	_	Ellis R	
B. If amending the registered agent and/or regingent and/or the new registered office address b		ddress on our record	s, enter the na	me of the new registered
Name of New Registered Agent:		onica Clair	e Wads	Sworth
New Registered Office Address:	90	75 Ellis Ro Enter Florida str		
_	Mell	20urne		32904
		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.

> Monica C Wadsworth 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	Monica C. Wadsworth	9075 Ellis Road Melbourne	□Add
		F2 32904	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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Filing Fee: \$25.00