

8/21/23, 9:34 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L23000247786

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(((H23000289240 3)))



H230002892403ABC/

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : US CONTADOR INC
Account Number : 120200000121
Phone : (770)928-2700
Fax Number : (888)772-8108

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CCK ASSOCIATES LLC

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2023 AUG 21 AM 11:05
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED
2023 AUG 21 AM 9:17
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

AUG 22 2023

K. Brumbley

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CCK ASSOCIATES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/19/2023 and assigned Florida document number L23000247786.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MONIK ASSOCIATES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent

New Registered Office Address:

Enter Florida street address

Florida

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

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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

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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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
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		_____	☐ Change
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		_____	☐ Remove
		_____	☐ Change

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