## 123000269820

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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations	•	•
Mansota M	lonarch Designs, LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	Name of Limited Liability Company  nelosed Articles of Amendment and fee(s) are submitted for filing.  e return all correspondence concerning this matter to the following:    Beth Hoffeditz		
	Beth Hoffeditz		
		Name of Person	
	Mansota Monarch Design	s, LLC	
		Firm/Company	·
	1779 Bayshore Drive		
		Address	
	Englewood, Florida 3422.	3	
		•	
	-		httestians
For further information c		·	intellex.
Beth Hoffeditz			
	40	at ( )	
Nune o	1 Person	Area Code Daytn	ne 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)	☐ \$60 00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 9		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	•
Tallahassee, i	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AND TO ARTICLES OF ORGANIZATION OF

Manasota Monarch Designs, LLC

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

The Articles of Organization for this Limited Liability C	Company were filed on June 5th, 2	and assigned
Florida document number 1.23000269820	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
N/A The new name must be distinguishable and contain the words "Lin		
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A_	
<u> Principal office address MUST BE A STREET ADDI</u>	RESS)	
Enter new mailing address, if applicable:	NIA	
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere	d office address on our records,	enter the name of the new registered
agent and/or the new registered office address here:		
N. CN. D. L. LA	NIA	
Name of New Registered Agent:	1010	
New Registered Office Address:	·	
	Enter Florida street	address
		Florida
	City	, Florida Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

Thereby 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
MGR	Beth A. Hoffeditz	1779 Bayshore Dr. Englewood, FL 34223	<b>≣</b> Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			⊐Add
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	date of filing:		(optional)	/05/0207
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