## L23000330766

(Re	questor's Name)	
(Ad	dress)	
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(710	u1033)	
(Cit	y/State/Zip/Phone	e #)
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(D0	cument Number)	
Certified Copies	Certificates	of Status
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Office Use Only



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## CORPORATE ACCESS, \_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## WALK IN

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		PICK	<b>MISTY 3/11</b>
	XX	CERTIFIED COPY PHOTOCOPY CUS	
	XX	FILING	LLC AMEND
1.		MONO JETS LLC (CORPORATE NAME AND DOCUM	MENT#)
2.		(CORPORATE NAME AND DOCUM	MENT #)
3.		(CORPORATE NAME AND DOCUM	MENT#)
4.		(CORPORATE NAME AND DOCUM	MENT#)
5.		(CORPORATE NAME AND DOCUM	MENT#)
6.		(CORPORATE NAME AND DOCUM	MENT #)
	CIAI TRU	L CTIONS:	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

MONO JETS LLC

2024 MAR 11 AM 10: 19

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on 07/12/2023	and accioned
Florida document number L23000330766		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	7901 4TH ST N STE 103	
(Mailing address MAY BE A POST OFFICE BOX)	SAINT PETERSBURG FLORIDA	
	33702	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name o	f the new registered
New Registered Office Address:		
	Enter Florida street address	
<del></del>	City Florida	
New Registered Agent's Signature, if changing Registered Agent:		Lip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	ee to act in this capacity. I further agree performance of my duties, and I am fam	iliar with and

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
AMBR	KALININA, YULIA	7901 4TH STREET N STE 103	DAdd
		SAINT PETERSBURG FL 33702	Remove
			□Change
AMBR	SHMIDT ZAKHAROV, PAVEL	7901 4TH STREET N STE 103	<b>≡</b> Add
		SAINT PETERSBURG FL 33702	□Remove
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		<del></del>	□ Remove
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	the date, if other than the date of filing:
record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	03 / 08 / 2024
ated	)
ited	My
ated _	Signature of a member or authorized representative of a member