# L2300033011do

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
1. HORNE
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## CORPORATE ACCESS,

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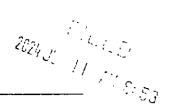
236 Fast 6th Avenue. Tallahassee, Florida 32303

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

### **WALK IN**

	PICK UI	P: BROOK 7/11
	CERTIFIED COPY	
XX	РНОТОСОРУ	
	GS	
XX	FILING	LLC AMEND
1.	MONO JETS LLC (CORPORATE NAME AND DOCUME)	NT #)
2.	(CORPORATE NAME AND DOCUME)	NT #)
3.	(CORPORATE NAME AND DOCUME	N''1' #1
4.		
<i>5</i> .	(CORPORATE NAME AND DOCUME)	NT #)
6.	(CORPORATE NAME AND DOCUME)	NT #)
V.	(CORPORATE NAME AND DOCUME:	NT#)
SPECIA	AL INSTRUCTIONS:	

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MONO	23721	110
MUNU	JE 15.	LLU

(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 Liab Florida document number L23000330766	pility Company were filed on 07/12/2023	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	OX <sub>I</sub>	
U 16 monding the projection of agent and/or project	gistered office address on our records, enter the	
agent and/or the new registered office address		THE OF THE 11CW SEEDS
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Floria	da
	City.	Zin 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 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	SCARBERRY MAXIM	10185 COLLINS AVE APT 421	🖸 Add
		BAL HARBOR FL 33154	■Remove
			☐ Change
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff	ve date, if other than the date of filing:
he record ord is fil	I 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 ed.
Dated	·
'	
	Signature of a member or authorized representative of a member
	PAVEL SHMIDT ZAKHAROV
	Typed or printed name of signee