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24 MAY 13 PH I 45

COVER LETTER

TO: Registration Section Division of Corporations		;
SUBJECT: MONIZE UC		
Name of Li	mited Liability Company	
The enclosed Articles of Amendment and fee(s) are su	binitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
GLORIA	RODRI GUEZ	
	Name of Person	
	Firm/Company	
1422 Sig	1071 AVE	
	NTH AVE Address	
LENIAH,	FL 339)2	
	City/State and Zip Code	
MZYQVIY 15 E-mail address:	FL 339)2 City/State and Zip Code 15 & Live. Com (to be used for future annual report notific	eation)
For further information concerning this matter, please		
GLORIA RODTIQUEZ. Name of Person	at (STY) ROS (0704
Name of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the following amount:		
② \$25.00 Filing Fee	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Sect	ion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32514

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MONRE LLL		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
he Articles of Organization for this Limited Liability C	Company were filed on	and assigned
lorida document number <u>L 24000009</u> §	88	
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	ited liability company here:	
		N
e new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or th	e abbreviation *L.C."
nter new principal offices address, if applicable:		TAY T
rincipal office address MUST BE A STREET ADDI	RESS)	<u> </u>
		<u> </u>
		55 =
nter new mailing address, if applicable:		- 25 5
failing address MAY BE A POST OFFICE BOX)		
alling dadress MAT BE ATOST OFFICE BOXY		· ·
		·
If amending the registered agent and/or registere ent and/or the new registered office address here:	ed office address on our records, enter the n	ame of the new register
ent 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	GIORIA RODRIQUEZ	1472 EIGHTH AUR	Add
			□Remove
			□Change
MGR	Gloria Rodriquez	1422 EIGHTH AVR	DAdd
			□Remove
			□Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
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			□Add
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			□Remove

Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Parsuant to 605 0207 Note: If the date inserted in filis block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record 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 rid is filed. Dated 5/7/2024 Signature of a member of authorized presentative of a member.	i ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:	-	
Effective date, if other than the date of filing: [Coptional] If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The effective date on the date of the point of the earlier of the earlier of the earlier of the state of the earlier of t	-	
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Cileria Pophi Cun 7		Signature of a member or authorized epiesentative of a member
		Gloria Rodsiquez

Filing Fee: \$25.00