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(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Decument Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO:	Registration Se Division of Cor			
cup ir	Ticket Mor			
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Charles S Calandra		
			Name of Person	
		Ticket Monkey, LLC		
			Firm/Company	
		2605 N Howard Ave		
			Address	
		Tampa, FL 33607		
			City/State and Zip Code	
		cscesqlaw@gmail.com		
		E-mail address: (to be used for future annual rep	oort notification)
For furti	her information c	oncerning this matter, please c	all:	
Charles	S Calandra		813 3405	
	Name o	f Person	at () Area Code	Daytime Telephone Number
Enclose	d is a check for th	he following amount:		
■ \$25	5,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Add	
	Registration S Division of C			on Section of Corporations
	P.O. Box 632			re of Tallahassee
	Tallahassaa 1			Annog Street Suite SIA

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ticket Monkey, LLC		
(Name of the Limi	ted Liability Company as it now appears on our rec (A Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited L. Florida document numberL24000177760	iability Company were filed on April 15, 2024	and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name o	f the limited liability company here:	
he new name must be distinguishable and contain the v	words "Limited Liability Company," the designation "L	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	eable:	- ;
Principal office address MUST BE A STREE	ET ADDRESS)	
		. 2-
Inter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE	BOX)	
3. If amending the registered agent and/or gent and/or the new registered office addre	registered office address on our records, <u>ent</u> ss here:	ter the name of the new regist
Name of New Registered Agent:	Charles S Calandra	
New Registered Office Address:		
- 	Enter Florida street ada	lress
		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, Phereby 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>	Name	Address	Type of Action
			□ Add
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			
			□ Change

					
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ective date, if other to reffective date is listed, the te: If the date inserted cument's effective date	e date must be specific and in this block does not r	d cannot be prior to da meet the applicable	ate of filing or more than	(optional) n 90 days after filing.) F irements, this date w	ursuant to 605.020 ill not be listed a
cord specifies a delayed s filed.	l effective date, but not	t an effective time,	at 12:01 a.m. on the	earlier of: (b) The	90th day after the
ed Mavernk.	Signature of a	2024	//		

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