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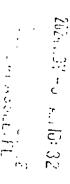
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: The	ee Grease Name of Lin	Monkeys Garage	<u>}c</u>
	Amendment and fee(s) are sub	-	
Please return all correspon	ndence concerning this matter	to the following:	
	_Quante	Z SirmonS Name of Person	
		Firm/Company	
	2566 J	Address RCL APT	39
	Jackson	City/State and Zip Code	C
	Three grasse (1) E-mail-address: (1)	Monkey Schaff @ 977 to be used for future annual report white	ication)
For further information co	ncerning this matter, please ca	all:	
Quante Name of	Z Simons Person	at (<u>904</u>) <u>451 –</u> Area Code Daytime	5948 Telephone Number
Enclosed is a check for the	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:		Street Address:	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

hree Grees Monkeys	mpany as it now appears on our records.
rA Florida Limite	ted Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>1_240004084_69</u>	any were filed on 9/19/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	<u>iability company here</u> :
The new name must be distinguishable and contain the words "Limited Lie	inhility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	S: 202
	<u> </u>
Enter new mailing address, if applicable:	ī. C
(Muiling address MAY BE A POST OFFICE BOX)) j
2	ਹੈ: ਦੁ
•	32
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
New Yorkstone Street Foundation	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Ager	nt:
provisions of all statutes relative to the proper and comple	as provided for in Chapter 605, F.S. Or, if this document is \circ

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

Title	Name	Address	Type of Action
MGR	Quanter Sirmons	2506 Jemmes Rd Ad 39 Jecksonille Florida, 32810	EAdd
			[]Remove
			□Change
AMBA.	Elisabette Alcius	2506 dammes Ad Apl 39, Judgeons Licksonville Florida 32210	MCDAN
			□Remove
			□Change
			DAdd
			□Remove
	•		
	<u></u>		□Add
			□Remove
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	***************************************		🗆 Add
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effective <u>te:</u> If th	late, if other than the e date is listed, the date ma- e date inserted in this bloom effective date on the D	st be specific and lock does not n	I connot be prior neet the applict	to date of filing or :	nore than 90 days.	optional) after filing.) Pursua , this date will not	nt to 605.02 (be fisted :
	ecifies a delayed effectiv	e date, but not	an effective ti	ne, at 12:01 a.m.	on the earlier o	f: (b) The 90th o	lay after th
tiled.	9-24		<u> 2024</u>	 ·			
s filed.	9-24		1024 2	·			

Filing Fee: \$25.00