L2400	5477242
(Requestor's Name) (Address) (Address)	900439554439
(City/State/Zip/Phone #)	~ .
(Document Number) Certified Copies Certificates of Status	 -
Special Instructions to Filing Officer:	RECEIVED 2024DEC-5 PH 3: 28 57771



To: Department Of State, Division Of Corporations From: Shauna Godbolt Ext: x61563 Date: 12/05/24 Order #: 1717479-1 Re: THREE LITTLE MONKEYS BOAT LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

And ale

Amount to be deducted from our State Account: \$25.00 - FL State Account Number: 120000000195

Please take the following action: File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

		COVER LETTER	
FO: Registration So Division of Cor			
THREE LI	TTLE MONKEYS BOAT LLC		
SUBJECT:		ited Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARK SEELIG		
		Name of Person	
	<u></u>	Firm/Company	
	171 Commodore Dr		
		Address	<u></u>
	Jupiter, Florida 33477		
		City/State and Zip Code	
	mjs@msf-law.com	to be used for future annual report not	
in the has information a	oncerning this matter, please ca		(incation)
	oncerning and matter, prease ea		
Mark Seelig		(212 655-3555 at ()	
Name o	f Person	Area Code Daytin	te Telephone Number
Inclosed is a check for the	he following amount:		
■ \$25.00 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)
<u>Mailing Addres</u>	<u>s:</u>	Street Address:	
Registration S Division of C		Registration Sc Division of Co	
P.O. Box 632	27	The Centre of	Fallahassee
Tallahassee,	FL 32314	2415 N. Monre	e Street, Suite 810

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2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Evane of the Libbary Con	ipany as it now appears on our records.)	
(A Florida Limite	ipany as it now appears on our records.) d Liability Company)	
	- November 12, 2024	
The Articles of Organization for this Limited Liability Compar	ny were filed on <u>Hovember 12, 2027</u>	and assigned
Florida document number 1.24000477242		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST <u>BE A STREET ADDRESS)</u>		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
maning warress mar pro a roost or recementy		
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office	e address on our records, enter the na	me of the new regi
agent and/or the new registered office address here:		8
Name of New Registered Agent:		
	Enter Florida street address	
New Registered Office Address:		
New Registered Office Address:		
New Registered Office Address:	, Florida,	Zip Code

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 Changing Registered Agent, Signature of New Registered Agent

• If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	VALERIE SEELIG	171 Commodore Dr	■Add
		Jupiter, Florida 33477	🗆 Remove
			□Change
			🗆 Add
		- ware of t	
			□ Change
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			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	N			
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(If an ef Note:	tive date, if other than the Tective date is listed, the date mu . If the date inserted in this b nent's effective date on the T	e date of filing:	date of filing or more than 90 day de statutory filing requirement	(optional) s after filing.) Pursuant to 605.0207 (3 is, this date will not be listed as th
he reco ord is fi		ve date, but not an effective tim	e, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
Dated	December 4	2024	<u>.</u> .	
	/s/ Mark Seelig	Signature of a member or authori		
		signature of a memoer or authori	zea representative of a member	
	MARK SEELIG			

AMEND-21030 Filing Fee: \$25.00