

L240000488135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

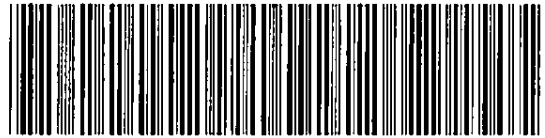
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300443864043

02/03/25--01009--016 **25.00

FILED
2025 FEB -3 AM 8:41
CLERK OF COURT
CLERK OF COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MONKEYTIRES SHOP LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAURA L. Gomez
Name of Person

Firm/Company

7483 SW 8th St
Address

Miami FL 33144
City/State and Zip Code

monkeytiresshopllc@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURA L. Gomez at (954) 555-4321
Name of Person Area Code Daytime 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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

FILED
CLERK OF COURT
TALLAHASSEE, FLORIDA

2025 FEB -3 AM 8:41

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MONKEYTIES Shop LLC

(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 Liability Company were filed on 11/20/2024 and assigned Florida document number L24000488135.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

7483 SW 8th St.

(Mailing address MAY BE A POST OFFICE BOX)

Miami FL 33144

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

LAURA LILIANA GOMEZ PACHECO

New Registered Office Address:

7483 SW 8th St.

Enter Florida street address

MIAMI FL

City

Florida

33144

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.

Laura L. Gómez P.

If Changing Registered Agent, Signature of New Registered Agent

RECEIVED - 3 AM 11 FEB 2025

FILED

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>	<u>Address</u>	<u>Type of Action</u>
AMGR	Luis Carlos Abreu Bastidas	4560 W. Colonial Dr	☐ Add
		Orlando FL 32808	☒ Remove
			☐ Change
MGR	LAURA LILIANA Gomez Pacheco	7483 SW 8th St.	☒ Add
		Miami FL 33144	☐ Remove
			☐ Change
AMGR	MEREDITH A. BUTLER	21 Parrish Way	☒ Add
		West Barnstable, MA 02668	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2025 FEB -3 AM 8:41
FILED
MASSACHUSETTS
CLERK OF SUPERIOR COURT
BARNSTABLE COUNTY

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

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated January 31st, 2025



Signature of a member or authorized representative of a member

Luis C. Abreu

Typed or printed name of signee

2025 FEB -3 AM 8:41
FILED
DEPT OF STATE
RECEIVED