

\$25.00

L25 000085436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

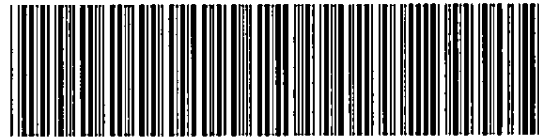
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA

*Amund*

MAR 15 2025

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MUNKEL FLORIDA 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:

Antonio Alonso, Esq.

\_\_\_\_\_  
Name of Person

Antonio Alonso, PLLC

\_\_\_\_\_  
Firm/Company

121 Alhambra Plaza, Suite 1500

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

Coral Gables, FL 33134

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antonio Alonso, Esq.

305  
at (\_\_\_\_\_) 6060399

\_\_\_\_\_  
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

2025 MAR 13 AM 9:26

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

MUNK F3 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 02/19/2025 and assigned  
Florida document number 125000085436.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

ROLANDO E. VARGAS MUNKEL

New Registered Office Address:

1019 NW 102 PL

*Enter Florida street address*

MIAMI

*City*

Florida 33172

*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 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> | <u>Name</u>               | <u>Address</u>  | <u>Type of Action</u>                      |
|--------------|---------------------------|-----------------|--------------------------------------------|
| Manager      | VARGAS, ROLANDO R. SR     | 1019 NW 102 PL  | <input type="checkbox"/> Add               |
|              |                           | MIAMI, FL 33172 | <input checked="" type="checkbox"/> Remove |
|              |                           |                 | <input type="checkbox"/> Change            |
| Manager      | ROLANDO E. VARGAS MUNKE   | 1019 NW 102 PL  | <input checked="" type="checkbox"/> Add    |
|              |                           | MIAMI, FL 33172 | <input type="checkbox"/> Remove            |
|              |                           |                 | <input checked="" type="checkbox"/> Change |
| AMBR         | FILENA F. MUNKEI ARGUELLO | 1019 NW 102 PL  | <input type="checkbox"/> Add               |
|              |                           | MIAMI, FL 33172 | <input checked="" type="checkbox"/> Remove |
|              |                           |                 | <input type="checkbox"/> Change            |
| AMBR         | MUNKEL FLORIDA LLC        | 1019 NW 102 PL  | <input type="checkbox"/> Add               |
|              |                           | MIAMI, FL 33172 | <input type="checkbox"/> Remove            |
|              |                           |                 | <input checked="" type="checkbox"/> Change |
|              |                           |                 | <input type="checkbox"/> Add               |
|              |                           |                 | <input type="checkbox"/> Remove            |
|              |                           |                 | <input type="checkbox"/> Change            |
|              |                           |                 | <input type="checkbox"/> Add               |
|              |                           |                 | <input type="checkbox"/> Remove            |
|              |                           |                 | <input type="checkbox"/> Change            |

[illegible]

(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)

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.

rch 13 2025



Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**