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(Ad	dress)			
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MONTO es project corporation
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jennifer L. Feldman (Name of Contact Person)
monroes project corporation (Firm/Company)
26521 Sw 127 Are. (Address)
Howe Stead PL 33037 (City/State and Zip Code)
E-mail address: (to)be used for future annual report notification)
For further information concerning this matter, please call:
Jennifer Feldman at (305) 910 - 1688 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

monroex project c	crporation
	y filed with the Florida Dept. of State)
N1700	0004172
	r of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>n:</u>
	The new
name must be distinguishable and contain the word "corporation "Company" or "Co." may not be used in the name.	on" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	- 72≥ 17
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	77 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
-	
-	
C. Enter new mailing address, if applicable:	الله الله الله الله الله الله الله الله
(Mailing address MAY BE A POST OFFICE BOX)	
_	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	address in Florida, enter the name of the
Name of New Registered Agent:	nnifer L. Feldman
2(521 SW 127 Are.
New Registered Office Address:	(Florida street address)
New Nexisiereu Office Audress.	(- 0
	orrestead, Florida 33032 (City) (Zip Code)
	(Zip Code)
New Registered Agent's Signature, if changing Registered A	
I hereby accept the appointment as registered agent. I am fam	thar with and accept the obligations of the position.
	mela 1. tell
Sig	nature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	-	_	
Add			
Remove			
5) Change			
Add	-		
Remove			
Kemove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
					
<u> </u>					
					- ·

I ne	e date of each amendment(s) adoption:	, if other than th
date	e this document was signed.	
Effe	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no cument's effective date on the Department of State's records.	t be listed as the
Ado	option of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
d	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 5/3/17	
	Signature January Laft	
	(By the chairman or viet chairman of the board, president or other officer-if directors have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Tennifer L. Feldman (Typed or printed name of person signing)	
	President (Title of person signing)	