

L15000039407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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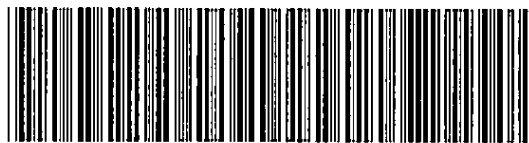
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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JUL 01 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MANNA ENTERPRISES, 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:

Rafael J. Oropesa, Esq.

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

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

4160 West 16 Avenue, Suite 404

\_\_\_\_\_  
Address

Hialeah, FL 33012

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

rjo.law@gmail.com

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

For further information concerning this matter, please call:

Rafael J. Oropesa, Esq.

305

647-9852

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

MANNA ENTERPRISES, 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 March 3, 2015 and assigned  
Florida document number L15000039407.

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 "L.L.C."

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:

Rafael J. Oropesa, Esq.

New Registered Office Address:

4160 West 16 Avenue, Suite 404

*Enter Florida street address*

Hialeah

Florida 33012

*City*

*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>
AMBR	FREDY GIRON PIERCE	80 NE 2 Avenue Miami, FL 33132	<input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change
AMBR	SEBASTIAN JAUME SCHINKEL	80 NE 2 Avenue Miami, FL 33132	<input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change
AMBR	EMILIO SERRANO GONZALEZ	80 NE 2 Avenue Miami, FL 33132	<input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change
AMBR	MARIA FERNANDA ALVAREZ GONZALEZ	80 NE 2 Avenue Miami, FL 33132	<input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change
AMBR	SABRA YENNENGA SELIGMAN	80 NE 2 Avenue Miami, FL 33132	<input type="checkbox"/> Add  <input checked="" type="checkbox"/> Remove  <input type="checkbox"/> Change  <input type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change

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HALL

**F. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**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.

Dated June 4, 2019

Sebastian Jaume  
Typed or printed name of signee