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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Name	e)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Amend

JUN 2 4 2019

I ALBRITTON

COVER LETTER

TO: Registration Se Division of Cor		ı	1 1 0
SUBJECT:	R MANNY	f Associate	S LLC.
	Name of Limi	ted Liability Company	
T1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		to the en	
	Amendment and fee(s) are sub-	_	
Please return all correspo	ondence concerning this matter t	to the following:	
	Manuel	Name of Person	· · · · · · · · · · · · · · · · · · ·
	MR Ma	MNY + A-SSOC	ciates IIC.
	1920 W	· Donegan	Ave
	Kissim	MEE FLORI City/State and Zip Code	DA 34741
	MOLIVE Val		
For further information of	concerning this matter, please ca	ıll:	
Manuel	. Y. Olivera		4403
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

TO ARTICLES OF ORGANIZATION OF

MR MA	NNY	H ASSO y as it now appears of iability Company)	ciates	LLC.	
The Articles of Organization for this Limited Lia Florida document number	A Florida Limited Dibility Company 1	iability Company) were filed on	5/21/201	and assign	ed
This amendment is submitted to amend the follows. A. If amending name, enter the new name of the submitted to amend the follows.	wing:				
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ty Company," the desi	gnation "LLC" or the a	abbreviation "L.L.C.	
Enter new principal offices address, if applica	ble:	1920 W	. Donega ne. FL.	M Ave.	
(Principal office address MUST BE A STREET	ADDRESS)	Kissima	1e. FC.	39191	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>	same.			1 1
B. If amending the registered agent and/o registered agent and/or the new registered off	ice address here	:			the r
Name of New Registered Agent:			Olivera		
New Registered Office Address:	1920	W. Done	Say Ave		
			, Florida		!
		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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MER M	Manuel Y. Olivera	1920 W. Donagan AVe. Acissimmee FL. 3 4741	🗹 Add
			Remove
			Change
			□ Remove
			Change
		-	
			Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change
		<u>. </u>	Add
			🗆 Remove
			□ Change

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Effective (If an effect	e date, if other than the date of filing: (optional) ive 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 (
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ti
documen	t's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
) The 9	Oth day after the record is filed.
	0104/2016
Dated	6/04/2019.
	Signature of a member or authorized expresentative of a member
	Manuel V. Olivera.
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00