

# L 20000134319

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)637-6383

From: Account Name : AGI REGISTERED AGENTS, INC.  
Account Number : 120000000205  
Phone : (305)416-6800  
Fax Number : (305)416-6811

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Jose@agi-ra.com

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MANA POKE CORAL GABLES, LLC

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AUG 10 2020

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

(((H200002682603))

MANA POKE CORAL GABLES, 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 May 18, 2020 and assign Florida document number L20000134319.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

701Promenade Drive

Suite 202

Pembroke Pines, Florida 33026

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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

701Promenade Drive

Suite 202

Pembroke Pines, Florida 33026

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

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:

MGR = Manager  
AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Ac</u>
MGR	Evon Gordon	701 Promenade Drive	<input checked="" type="checkbox"/> Add
		Suite 202	<input type="checkbox"/> Remove
		Pembroke Pines, Florida 33026	<input type="checkbox"/> Change
MGR	Dave Pitter	701 Promenade Drive	<input type="checkbox"/> Add
		Suite 202	<input type="checkbox"/> Remove
		Pembroke Pines, Florida 33026	<input checked="" type="checkbox"/> Change
MGR	Adrian Laidlaw	701 Promenade Drive	<input checked="" type="checkbox"/> Add
		Suite 202	<input type="checkbox"/> Remove
		Pembroke Pines, Florida 33026	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[Lined area for amending information]

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 605.0  
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: (a) The 90th day after record is filed.

Dated August 7, 2020

*RR Adams*  
Signature of a member or authorized representative of a member

Robert R. Adams, Authorized Person

Typed or printed name of signer