# L05000090872

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## **COVER LETTER**

Divi	ision of Cor	porations		
SUBJECT:	Mans Inves	tments Broward County LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for tiling.	
Please return	all correspo	ndence concerning this matter	to the following:	
			Wish mall, Name of Person	YC
		Mans Invest	Firm/Company	Conty CLC
			dered higher	
		Pampano	City/State and Zip Code  Mal/1 Ck P Code  To be used for future annual reporting	- 33064
		E-mail address: (1	to be used for future annual reporting	otification)
For further in	formation co	oncerning this matter, please ca	all:	
	Name of	hi malluc	at ( <u>954</u> ). Area Code Dayti	33€ 2427 ime Telephone Number
Enclosed is a	check for th	e following amount:		
\$25.00 F	iling 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)
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TO:

Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mans Investments Broward County 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 September 14, 2005 and assigned

Florida document number 1.05000090872

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:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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>	Address	Type of Action
Ambr	Shreya Mallick	4211 North Federal Highway	
		Pompano Beach, FL 33064	□Remove
			<b>≘</b> Change
Mgr	Shreya Mallick	4211 North Federal Highway	□Add
		Pompano Beach, FL 33064	□Remove
			EChange
	<del></del>	<del></del>	□Add
			□ Remove
			□ Change
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Effect	ive date, if other than the date of filing:
rancu	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
recor	d 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
d is fi	ed.
S 1	12/14/91
Jated	Signature of a member or authorized representative of a member
	N15
	Signature of a member or authorized representative of a member
	Nishi Mallick