

L080000064463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

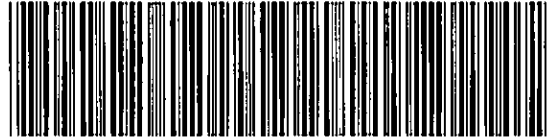
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/28/20--01023--003 **52.50

2020 MAY 19 AM 11:09
DEPT. OF STATE
FALL ACHIEVEMENTS

MAY 20 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Manhattan Connection 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:

Daniel DeLuca
Name of Person

Manhattan Connection LLC
Firm/Company

825 Weber Blvd
Address

Naples FL 34117
City/State and Zip Code

Thatguy41@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED

MAY 18 2020

No \$

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

(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 7-1-2008 and assigned
Florida document number L08000064463.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A
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:

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

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>
Pres	Lisa Coppoletta	3460 PT creek CT	<input type="checkbox"/> Add
		Bonita Springs FL	<input checked="" type="checkbox"/> Remove
		34134	<input type="checkbox"/> Change
UP	Daniel Deluccin	825 Weber Blvd S	<input type="checkbox"/> Add
		Naples FL	<input checked="" type="checkbox"/> Remove
		34117	<input type="checkbox"/> Change
Pres	Evins McChono	825 Weber Blvd S	<input checked="" type="checkbox"/> Add
		Naples FL 34117	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
UP	Gail Deluccin	825 Weber Blvd S	<input checked="" type="checkbox"/> Add
		Naples FL 34117	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

26 MAY 29 11:05 AM
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 05-26-2011 BY 60322 UCBAW

[illegible]

(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 605.0207 (3)(b)

If the record 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 record is filed.

Dated 5-14-2020.

[Signature]

Signature of a member or authorized representative of a member

Daniel Peluccini

Typed or printed name of signee

SECRETARY OF STATE
WASHINGTON, D.C. 20520
MAY 19 11:05 AM '68
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 05-19-2008 BY 60322
UCBAW

Filing Fee: \$25.00