109000093290

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(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IL
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COVER LETTER

	gistration So vision of Cor			
SUBJECT ₄	MANA LL	c		
	 	Name of Limit	ed Liability Company	
The enclose	d Articles of	Amondmont and foo(s) are subn	nitted for filing,	
Please returi	n all correspo	ndence concerning this matter t	o the following;	
		MARIA L OTERO		
			Name of Person	
		MANA LLC		
		-	Firm/Company	
		2055 S ATLANTIC AVE,	UNIT 805	
			Addiosa	
		DAYTONA BEACH SHO	RES, FLORIDA 32118	
			City/State and Zip Code	
		MARIALUZOTERO@GM/	AIL.COM The used for future annual report fiotifi	eathan)
For further l	nformation ¢	oncerning this matter, please ca		
MARIA L	OTERO		407 733 9190	
	Name o	f Pursin	Aren Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25,00 l	Filing Fee	S30.00 Filing Pee & 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 Tallahussee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MANA LLC				
(Name of the Limi	ied Liability Compa (A Florida Limited I	ny ny it now appeary on o Jahility Company)	ur records.)	
The Articles of Organization for this Limited I closed document number 1.09000093290	iability Company	were filed on 9/28/200	19	and assigned
This amendment is submitted to amend the fol	lowing;			
A. If amending name, <u>enter the new name (</u>	of the limited linb	ility company here:		
he new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designa	tion "LLA" or the abl	prayintion "L.L.C."
Enter new principal offices address, if appli	çable:	2055 S ATLANTIC A	AVE, UNIT 805	
Principal office address MUST BE A STREET ADDRESS)		DAYTONA BEACH SHORES		
		FLORIDA 32118		
Enter new mailing address, if applicable:		2055 S ATLANTIC A	AVE, UNIT 805	
Malling address MAY BE A POST OFFICE ROX)		DAYTONA BEACH	SHORES	
		FLORIDA 32118		
B. If amending the registered agent and registered agent and/or the new registered agent.		ā:	records, enter	the name of the
Name of New Registered Agent:				
New Registered Offlee Address:	2055 S ATLAN	STIC AVE., UNIT 805 Enter Florida str	eet address	
	DAYTONA BI	EACH SHORES	. Florida 324	် 18 ယ္က (၂8 ယ္က
		C W		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 Regimered 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

Title	<u>Name</u>	Address	Type of Action
MGR	MARIA L OTERO	2055 S ATLANTIC AVE, 805, DB	Add
			☐ Remove
			□ Change
MGR	CARLOS A PINEIRO	2055 S ATLANTIC AVE, 901, DB	D Add
			■ Remove
			Change
			□ Add
			□ Remove
			Chango
			
			☐ Remove
			Change
			
			□ Remove
			🗖 Change
	 		🗖 Add
			🗖 Remove
		***************************************	Change

****** WOULD YOU PLEASE REMOVE FEI/EIN 30-082216 FROM THE MANA L	
- 1941	LC SINCE THAT
NUMBER BELONGS TO MY HUSBAND AND HE IS NOT LONGER PART OF TH	E BUSINESS.****
	
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	<u> </u>
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Typed or printed name of signee

Filing Fee: \$25.00